

June 4, 2021

Ms. Shari Kolak Task Order Contracting Officer's Representative U.S. Environmental Protection Agency 77 West Jackson Boulevard Chicago, IL 60604-3507

**Subject:** Health and Safety Plan

East Troy Contaminated Aquifer Site, Troy, Miami County, Ohio

DES Contract 68HE0318D0014 Task Order 68HE0521F0054

Dear Ms. Kolak:

Tetra Tech, Inc. prepared the enclosed health and safety plan (HASP) for the East Troy Contaminated Aquifer (ETCA) Superfund site, in Troy, Miami County, Ohio, under the U.S. Environmental Protection Agency (EPA) CLIN2 Contract for Region 5, Contract No. 68HE0318D0014, Task Order (TO) No. 68HE0521F0054. Under this TO, Tetra Tech is performing remedial design (RD) activities at the ETCA site in accordance with EPA's Task Order Request.

If you have any questions about this submittal, please call me at (312) 201-7748.

Sincerely,

Ray Mastrolonardo, PG

R Masterlanarda

Project Manager

Enclosure

cc: Shelia Dolan, EPA Task Order Contracting Officer

Natalie Topp, EPA Contract Specialist Linda Martin, EPA Project Officer

Mindy Gould, Tetra Tech, Inc. Regional Coordinator

| Site Name: East Troy Contaminated Aquifer Site Site   |            | Site Contact: Ray Mastrolonardo   |               |        |                             | Telephone: (312)-201-7748 |                     |
|---|------------|---|---------------|--------|-----------------------------|---------------------------|---------------------|
| Location: Troy, Ohio  | Client Cor | ntact: S  | Shari Kolak   |        |                             | Telephon                  | e: (312) 886-6151   |
| EPA ID No. OHSFN0507962   | Prepared   | By: Ra  | ichel Houle   |        |                             | Date Prep                 | pared: June 1, 2021 |
|   |            | Dates of Activities: Sep 2021 to Sep 2022 (HASP is not valid for periods longer than 12 months) |               |        | Emergency Response  Yes  No |                           |                     |
| Objectives:   |            | Site 1  | Гуре: Check a | s many | / as applicable.            |                           |                     |
| Conduct a preliminary design investigation (PDI) to further delineate exthe VOC-contaminated soil by:   | xtent of   |   | Active        |        | Landfill                    |                           | Inner-City          |
| Conducting a geophysical survey   |            | $\boxtimes$   | Inactive      |        | Railroad                    |                           | Rural               |
| <ul><li>2) Conducting soil sampling using direct-push technology</li><li>3) Conducting soil sampling using hollow-stem auger drilling</li></ul> |            |   | Secured       |        | Residential                 |                           | Remote              |
| c, cgpgggg  |            | $\boxtimes$   | Unsecured     |        | Industrial                  |                           | Other (specify)     |
|   |            |   |               |        |                             |                           |                     |
|   |            |   |               |        |                             |                           |                     |

### **Project Scope of Work and Site Background**

The ETCA site is in the City of Troy, Miami County, Ohio. The City operates two water supply wellfields (the East wellfield and the West wellfield) located on the east bank of the Great Miami River. Since 1988, volatile organic compounds (VOC) have been consistently detected in raw water from production wells in the City of Troy's East wellfield. VOC concentrations are below the maximum contamination levels (MCLs) established by the Safe Drinking Water Act. Cis-1,2-dichloroethene (cis-1,2-DCE) is the compound detected most frequently in the East wellfield. Tetrachloroethene (PCE), trichloroethene (TCE), and cis-1,2-DCE have been detected in samples from production wells in the West wellfield, which is being addressed as a separate site. The "East Water Street plume" originates in the vicinity of the former Hobart Brothers Cabinet Company (Hobart) and trends southeastward. The "Residential plume" originates near Walnut Street adjacent to the former Troy One Hour Cleaners and also trends southeastward, parallel to and eventually comingling with the East Water Street plume.

The Residential plume lies beneath a predominantly residential area southwest of East Main Street. This plume primarily contains PCE at concentrations greater than 1,000 micrograms per liter (µg/L) in the source area, with TCE and cis-1,2-DCE occasionally detected at lower concentrations. The Residential plume flows beneath an area of mainly older, single-family residences mixed with a few businesses, churches, and schools. This is also the area being considered for VI mitigation systems.

The East Water Street plume, extends from the rear of the former Hobart property at 301 East Water Street, extends beneath the Hobart building, and then continues southeast beneath and parallel to East Water Street. This plume lies beneath a mixed industrial, residential, and institutional use area. PCE, TCE, and cis-1,2-DCE are present in this plume. Total VOC concentrations in this plume are generally lower than those detected in the Residential plume. Soil and groundwater contamination have been detected on the Hobart property, with the highest VOC concentrations in soil detected in an apparent source area in the rear of the property.

The remedial investigation (RI) report was completed in January 2015. The RI identified multiple contaminant sources, further delineated the two groundwater contaminant plumes, and evaluated multiple exposure pathways. EPA conducted a focused feasibility study (FFS) that established remedial action objectives (RAO) and evaluated remedial alternatives. The RAOs prioritize reduction of exposure risk and decrease of contaminant mass in the groundwater source areas. In 2018, EPA issued an interim action Record of Decision (ROD) addressing (1) areas of soil contamination that exceed human health risk standards and coincide with apparent groundwater contaminant source areas, (2) the Residential plume groundwater source area, and (3) potential VI in areas overlying the Residential plume. The scope of this remedial design (RD) addresses only the East Water Street soil source area and VI mitigation. It does not address the Residential plume groundwater source area.

Predesign investigation (PDI) activities are not planned for the VI mitigation portion of the RD. It is assumed that at most, visual reconnaissance may be conducted to verify information needed to design the VI mitigation. A PDI will be conducted at the East Water Street soil source area to acquire data necessary to support the RD. The PDI will require a geophysical survey and soil sampling at the East Water Street soil source area.

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### **Health and Safety Approver Comments or Additional Instructions:**

This HASP SHALL be revised prior to each site visit as appropriate to ensure that the hazards associated with the assigned tasks have been identified and proper safety controls implemented. The entire area should already have been adequately surveyed and marked for ALL utilities and no intrusive work is to be conducted within the margin of error of the survey. ONLY contractors (i.e. drilling) that have been pre-approved by Tetra Tech and (if required) the client may be utilized. Further, subcontractors MUST complete their own HASP and/or provide JSA/AHAs for EACH of their assigned tasks. All information provided in this HASP (and any applicable attachments) has been reviewed and made site-specific by proper hazard identification and control techniques. This method of risk assessment is done in the field at the time of work being conducted. Changes to this HASP (or AHA) shall be documented and later approved by a health and safety manager.

Ensure that the entire area has been adequately surveyed and marked for ALL utilities and that no intrusive work is conducted within the margin of error of the survey. ONLY subcontractors that have been pre-approved by Tetra Tech and (if required) the client may be utilized

Minimum PPE SHALL include: safety glasses, hardhats, Nitrile gloves when sampling or handling chemicals, leather gloves for lifting, ear plugs or muff with minimum 27 noise reduction rating (within 20 feet of operating drills or near heavy equipment), steel-toed boots and Class 2 or better high-visibility vest.

All personnel SHALL wear face-coverings at all times when onsite or in the public. A supply of soap and water, alcohol-based hand sanitizer (ABHS), and/or sanitizing wipes must be available in the vehicle. Social distancing should be maintained for everyone, including the client and your coworkers. DO wash your hands with soap and water for at least 20 seconds or use ABHS PRIOR to donning and AFTER doffing Nitrile gloves. You may prefer to wear two pair of Nitrile gloves and keep the inner pair on continuously while replacing the outer pair after completing a sampling event.

- See attached SWP 5-55, Infectious Disease Guidance, Tetra Tech EMI COVID-19 Response and Contingency Plan, and AHA with Procedures for Working in Areas Potentially Impacted by COVID-19.
- All site personnel must perform self-evaluations each day PRIOR to work. If any new symptoms or if any potential exposures have occurred, the personnel must STAY HOME or in the hotel. Employees will be asked to voluntarily report their health condition at the start of the field operation day, and if there are any concerns about their health, they will be requested to consider seeking medical advice before performing additional work.
- Social distancing will be practiced at the site. Because of the nature of the work, occasional contact may be necessary, but should be limited to the minimum amount possible. Generally, employees and others in the field will attempt to maintain a minimum 6 feet of separation.
- To aid in this, direct hand-offs of equipment or samples will be avoided. Equipment or samples will be set at a designated point for transfer, with one person dropping the material off and walking away, and then afterward, another person picking it up.
- Prior to the start of the workday, personnel and visitors will maintain social distancing by remaining in their vehicles or waiting outside (weather permitting). Personnel breaks, including lunch, may occur outside (weather permitting) or in personal vehicles to maintain social distancing.
- For situations where the minimum 6 feet of separation cannot be met, personnel will don either cloth face-coverings, face mask, or respirator to limit the dispersion of respiratory droplets.
- Weather permitting, all site meetings with personnel and visitors will take place outside maintaining social distancing. If the meeting is unable to take place outside, 1) personnel and visitors will remain in their personal vehicles until the meeting can take place outside, 2) a conference call will take place in lieu of an in-person meeting, or 3) the meeting information will be relayed over the phone to affected persons.
- All personnel will mobilize to the site in separate vehicles.
- Decontamination stations will be maintained on site, including supplies of soap and water, alcohol-based hand sanitizer (ABHS), and sanitizing wipes. Personnel may maintain a portion of ABHS and sanitizing wipes in their separate vehicles.
- High-touch areas and items will be disinfected daily on site with all-purpose cleaner verified to kill the COVID-19 virus or alcohol wipes. These areas include but are not limited to door handles, equipment (high-volume air samplers, Ludlums), trash receptacles, equipment cases, gates and locks, etc.
- DO NOT shake hands or touch anyone.

**Health and Safety Plan Approver Signature:** 

Chris Dragne

Date:

APPROVED
By Chris Draper at 10:15 am, Jun 03, 2021

Note: A minimum of two persons with appropriate training and medical surveillance must be on site for any fieldwork subject to Level 2 HASP requirements. Note: A detailed site sketch or figure may be included on Page 11 of 13.

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| Initial Isolation and Protective Action Distances (for emergency response operations only):  Establishment of Work Zones; including exclusion, contamination reduction, and support zones; is required for ALL HAZWOPER projects. For heavy equipment (i.e. drilling operations), exclusion zones will established around each equipment or drilling location based on site conditions and or noise levels (DCN 2-04, Hearing Conservation Program) at drilling operations (i.e. a circular exclusion zone based on noise levels >85 dbA from the drill rig or a minimum of 20 feet around the rig, whichever is greater). Work zones will be delineated using cones, barrier tape or similar visual indicators.  ALL investigation-derived waste shall be drummed and remain onsite pending characterization for subsequent disposal.  Spill control shall be conducted in accordance with the requirements of SWP 5-14, Spill and Discharge Control Practices. |                             |                                      |   |            |   |  |  |
|--|-----------------------------|--------------------------------------|---|------------|---|--|--|
| Wind Speed and Direction   | (Approach from upwind)      | Temperature (°F)                     | Relative Humidity (%)                   |            | oability of<br>oitation (%)                             | Weather Forecast (such as partly cloudy, snow, etc.) |  |
| Speed (mph):   | From Direction:             | - componentario ( 1 )                | 110101110111011111111111111111111111111 | 1100.      | 707   | (out at party cloudy, chem, ctor,                    |  |
| On-Site Supplies:  | First Aid Kit               | Fire Extinguisher                    | ☐ Air Horn                              |            | Oral Therr  | nometer  |  |
| Known or Anticipated Site  | e Hazards or Concerns: (Haz | ards covered by existi               | ing Safe Work Practices ar              | e listed o | n the next pag  | e)   |  |
|  | 1                           | Overhead ut                          | tilities                                |            | Energized electrical systems                            |  |  |
| Onsite laboratory  |                             | □ Buried Utilities                   |   |            | Portable hand tool use                                  |  |  |
| Explosion or fire hazard   |                             | Surface or underground storage tanks |   |            | Portable electrical tool use                            |  |  |
| Oxygen deficiency  |                             | General slips, trips, falls          |   |            | Machine gua   | rding  |  |
| Unknown or poorly characterized chemical hazards   |                             | Uneven, muddy, rugged terrain        |   |            | Portable fire   | extinguisher use                                     |  |
| ☐ Inorganic chemicals  |                             | Lift (man lift, cherry picker) use   |   |            | Driving commercial vehicles                             |  |  |
| Organic chemicals  |                             | ☐ Industrial truck (forklift) use    |   |            | Driving perso   | onal vehicles  |  |
| Chemical warfare mate  | riel                        | Wood or metal ladder use             |   |            | Scientific div  | ing operations                                       |  |
| Compressed Gas Cylinders   |                             | ☐ Dangerous goods shipped by air     |   | only)      | Injury and Illness Prevention Program (California only) |  |  |
| Asbestos   |                             | ☐ Elevated work (over 6' high)       |   |            | Ergonomics (California only)                            |  |  |
| Respirable particulates  |                             | Heavy equipment use or operation     |   |            | Work in strip or shaft mines                            |  |  |
| Respirable silica  |                             | ☐ Construction w                     | vork                                    |            | Client-specific safety requirements (attach to HASP)    |  |  |
| ☐ Blasting and explosives  |                             | Excavation or                        | trenching                               |            | ATV use   |  |  |
| Non-ionizing radiation (lasers, radiofrequencies, UV)  |                             | Benching, sho                        | ring, bracing                           |            | Methamphetamine lab                                     |  |  |
| lonizing radiation (alpha, beta, gamma, etc.)  |                             | Scaffold use                         |   |            | Working ove   | or near water  |  |
| Heat stress  |                             | ⊠ High noise                         |   |            | Mold  |  |  |
|  |                             | Grinding opera                       | ations                                  |            | Other (insert   |  |  |
| Explosion or Fire Potentia   | l: High                     | ☐ Mediu                              | m 🗵                                     | Low        |   | Unknown  |  |

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| Chemical Products Tetra Tech EM Inc. Will Use or Store On Site: (Attach a Material Safety Data Sheet [MSDS] for each item.) |   |   |  |  |  |  |  |
|---|---|---|--|--|--|--|--|
| Alconox or Liquinox   | Calibration gas (Methane)   | Hydrogen gas Isopropyl alcohol  |  |  |  |  |  |
| ☐ Hydrochloric acid (HCl)   | Calibration gas (Isobutylene)   | ☐ Household bleach (NaOCl) ☐ HazCat Kit                                       |  |  |  |  |  |
| Methanol (MeOH)   | Calibration gas (Pentane)   | ☐ Sulfuric acid (H₂SO₄) ☐ Mark I Kits (number?)                               |  |  |  |  |  |
| Sodium hydroxide (NaOH)   | Calibration gas (4-gas mixture)   | Hexane Other (specify)  |  |  |  |  |  |
| WARNING: Eyewash solution sh  | all be readily available on ALL projects where co   | prrosives (acids or bases) are used, including sample preservatives           |  |  |  |  |  |
| Applicable Safety Programs and  | Applicable Safety Programs and Safe Work Practices (SWP). Attach to HASP:  Tasks Performed At Job Site that are NOT Covered by SWPs |   |  |  |  |  |  |
| DCN 4-03 Demolition and Dec   |   | <b>NOTE:</b> Many AHA's can be found on the Health & Safety intranet site at: |  |  |  |  |  |
| DCN 4-05 Trenching and Exca   |   | https://tetratechinc.sharepoint.com/:u:/r/sites/OU-                           |  |  |  |  |  |
| DCN 4-08 Asbestos Protection  | -   | EMI/SitePages/Health%20%26%20Safety/HASPs,-SDSs,-%26-                         |  |  |  |  |  |
| DCN 4-09 Haulage and Earth I  | •   | AHAs.aspx   |  |  |  |  |  |
| DCN 4-10 Lead Protection Pro  |   | Observations near drill rigs and heavy equipment                              |  |  |  |  |  |
| SWP DCN 5-01 General Safe V   | -   | Geophysical and Land Surveying  |  |  |  |  |  |
| SWP DCN 5-02 General Safe V   | Work Practices HAZWOPER   | Direct-Push Apparatus Sampling  |  |  |  |  |  |
| SWP DCN 5-03 Safe Work Pra  | actices for Office Employees  | Hollow Stem Auger Sampling  |  |  |  |  |  |
| SWP DCN 5-04 Safe Drilling P  | ractices  | IDW and Other Management  |  |  |  |  |  |
| SWP DCN 5-04 Safe Drilling P SWP DCN 5-05 Safe Direct Pu  | sh (GeoProbe) Practices   |   |  |  |  |  |  |
| SWP DCN 5-06 Working Over   | or Near Water   | Tetra Tech Employee Training and Medical Requirements:                        |  |  |  |  |  |
| SWP DCN 5-07 Use of Heavy   | Equipment   | Basic Training and Medical  |  |  |  |  |  |
| SWP DCN 5-08 Special Site H   | azards (Firearms, Remote Sites, Mines, aircraft, etc.)  | Initial 40 Hour Training  |  |  |  |  |  |
| SWP DCN 5-09 Safe Electrical  | Work Practices  | 8-Hour Supervisor Training (one-time)   |  |  |  |  |  |
| SWP DCN 5-10 Fall Protection  | Practices   | Current 8-Hour Refresher Training   |  |  |  |  |  |
| SWP DCN 5-11 Portable Ladd  | •   | Current Medical Clearance (including respirator use)                          |  |  |  |  |  |
| SWP DCN 5-12 Drum and Cor   |   | Current First Aid Training  |  |  |  |  |  |
| SWP DCN 5-13 Flammable Ha   |   | Current First Aid Training Current CPR Training                               |  |  |  |  |  |
| SWP DCN 5-14 Spill and Disch  | narge Control Practices   | Current Respirator Fit-Test   |  |  |  |  |  |
| SWP DCN 5-15 Heat Stress  |   |   |  |  |  |  |  |
| SWP DCN 5-16 Cold Stress  |   | Other Specific Training and Medical Surveillance Requirements                 |  |  |  |  |  |
| SWP DCN 5-17 Biohazards   | Stavens Tank Damayal Drasticas  | Confined Space Training   |  |  |  |  |  |
|   | Storage Tank Removal Practices  | Level A Training  |  |  |  |  |  |
| SWP DCN 5-19 Safe Lifting Pr SWP DCN 5-22 Hydrographic  |   | Radiation Training  |  |  |  |  |  |
|   | ed Confined Space Entry Practices   | OSHA 10-hour Construction Safety Training                                     |  |  |  |  |  |
|   | equired Confined Space Entry Practices  | OSHA 30-hour Construction Safety Training                                     |  |  |  |  |  |
| SWP DCN 5-26 Prevention of 3  | ·   | Asbestos Awareness Training   |  |  |  |  |  |
| SWP DCN 5-27 Respirator Cle   | ·   | Asbestos B-Reader X-Ray   |  |  |  |  |  |
| SWP DCN 5-28 Safe Use Pract   | <del>-</del>  | Blood Lead Level and ZPP Pre, during and Post-Project                         |  |  |  |  |  |
| <del></del>   | Jtilities, including 5-35F, Ground Disturbance Permit   | Urinary Arsenic Level Pre and Post-Project                                    |  |  |  |  |  |
| SWP DCN 5-36 Drill Rigs   |   | Other   |  |  |  |  |  |

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| Materials Present<br>or<br>Suspected at Site | Highest Observed<br>Concentration (specify units<br>and sample medium) | Exposure Limit<br>(specify<br>ppm or mg/m³)  | IDLH Level<br>(specify<br>ppm or<br>mg/m³) | Primary Hazards of the Material<br>(explosive, flammable,<br>corrosive, toxic, volatile,<br>radioactive,<br>biohazard, oxidizer, or other) | Symptoms and Effects of Acute<br>Exposure   | Photoionizatio<br>n Potential (eV) |
|--|--|--|--|--|---|------------------------------------|
| Tetrachloroethene<br>(PCE)                   | 72,000 ppb (Soil) – SB316 (4')   | PEL: 100 ppm TWA, 200 ppm C REL: Ca Minimize workplace exposure concentrations TLV: 25 ppm TWA, 100 ppm STEL [Skin] Hazard | 150 ppm, Ca                                | Toxic  | Irritation eyes, skin, nose, throat, respiratory system; nausea; flush face, neck; dizziness, incoordination; headache, drowsiness; skin erythema (skin redness); liver damage; [potential occupational carcinogen]                     | 9.32                               |
| Trichloroethene<br>(TCE)                     | 89,000 ppb (Soil) – HOB3 (2-4')  | PEL: 100 ppm TWA, 200 ppm C REL: 25 ppm TWA, 2 ppm STEL [60-minute] TLV: 10 ppm TWA, 25 ppm STEL [Skin] Hazard             | 1,000 ppm,<br>Ca                           | Toxic  | Irritation eyes, skin; headache, visual disturbance, lassitude (weakness, exhaustion), dizziness, tremor, drowsiness, nausea, vomiting; dermatitis; cardiac arrhythmias, paresthesia; liver injury; [potential occupational carcinogen] | 9.45                               |
| Cis-1,2-<br>Dichloroethene<br>(cis-DCE)      | 36 ppb (Soil) – SB003 (4')   | PEL = 200 ppm TWA REL = 200 ppm TWA TLV = NA [Skin] Hazard ☑   | 1,000 ppm                                  | Toxic  | Irritation to eyes and respiratory<br>system; central nervous system<br>depression  | 9.65                               |
| Benzene                                      | 10,000 ppb (Soil) – HOB3 (10-<br>12')                                  | PEL = 1 ppm TWA, 1 ppm ST [Ca] REL = 1 ppm TWA, 5 ppm ST [Ca[ TLV = 0.5 ppm TWA, 2.5 ppm STEL [15-minute] [Skin] Hazard    | 500 ppm, Ca                                | Flammable; toxic; potential occupational carcinogen  | Irritation to eyes, skin, nose, respiratory<br>system; dizziness; headache, nausea,<br>staggered gait; anorexia, lassitude<br>(weakness, exhaustion); dermatitis;<br>bone marrow depression; [potential<br>occupational carcinogen]     | 9.24                               |
|  |  | PEL = REL = TLV = [Skin] Hazard  |  |  |   |                                    |
|  |  | PEL = REL = TLV = [Skin] Hazard  |  |  |   |                                    |

### **Specify Information Sources:**

NIOSH Pocket Guide to Hazardous Chemicals, Accessed On-Line on May 14, 2021, On-line Address: www.cdc.gove/niosh/npg American Conference of Governmental Industrial Hygienists (ACGIH). "Threshold Limit Values and Biological Exposure Indices for 2020." SulTRAC. 2015. Final Remedial Investigation Report, East Troy Contaminated Aquifer Site. January 21.

Note: In the Exposure Limit column, include Ceiling (C) and Short-Term Exposure Limits (STEL) if they are available. Also, use the following short forms and abbreviations to complete the table above.

A = Air CARC = Carcinogenic eV = Electron volt IDLH = Immediately dangerous to life or health mg/m³ = Milligram per cubic meter

NA = Not available NE = None established PEL = Permissible exposure limit

ppm = Part per million

REL = Recommended exposure limit

S = Soil

TLV = Threshold limit value

U = Unknown

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| Note: If no contingency level of protection is selected, all employ require upgrading PPE. Level A field work requires a Level 3 HAS |                                  |                                  |   |   |  | minant levels  |
|--|----------------------------------|----------------------------------|---|---|--|--|
| Field Activities Covered Under this HASP:  |                                  |                                  |   |   |  |  |
|  |                                  | Level of Protection <sup>1</sup> |   |   |  | Date of Activities   |
| Task Description   |                                  | Pri                              | imary   | /   | Contingency  |  |
| 1 Conduct geophysical survey   |                                  | ☐ A ☐ B [                        | c   | : 🔀 D   | Level C is not authorized  | 09/2021 to 12/2021   |
| 2 Conduct drilling, soil and groundwater sampling  |                                  | □ А □ В [                        | c   | : 🛛 D   | Level C is not authorized  | 09/2021 to 12/2021   |
| 3 IDW management/drum moving   |                                  | □ а □ в [                        | c   | : 🖂 D   | Level C is not authorized  | 09/2021 to 12/2021   |
| 4  |                                  | □ А □ В [                        | c   | ;   | □ A □ B □ C □ D  |  |
| 5  |                                  | □ А □ В [                        | c   | ;   | □ A □ B □ C □ D  |  |
| Site Personnel and Responsibilities (include subcontractors):  |                                  |                                  |   |   |  |  |
| Employee Name and Office Code / Location   | Task(                            | s)                               | Responsibilities  |   |  |  |
| Ray Mastrolonardo - Chicago (CH)   | 1-2                              |                                  | <ul> <li>Project Manager: Manages the overall project, makes site safety coordinato<br/>(SSC) aware of pertinent project developments and plans, and maintains<br/>communications with client as necessary. Additionally, for projects lasting<br/>longer than one consecutive week on site, the PM is responsible for<br/>conducting one field audit using Form AF-1.</li> </ul> |   |  | plans, and maintains<br>ally, for projects lasting<br>s responsible for  |
| Guy Montfort - Cincinnati (CI)   | y Montfort - Cincinnati (CI) 1-2 |                                  | <ul> <li>Field Team Leader: Directs field activities, makes SSC aware of pertinent<br/>project developments and plans, and maintains communications with the<br/>Project Manager and the client as necessary</li> </ul>   |   |  |  |
| BD – Cincinnati (CI) 1-2   |                                  |                                  | •   | protective eq<br>site personne<br>are or may be<br>enforces the<br>communicate<br>observed from | oordinator (SSC): Ensures that appro<br>uipment (PPE) is available, enforces p<br>el and subcontractors; suspends invest<br>e exposed to an immediate health haza<br>HASP; identifies and controls site haza<br>es site hazards to all personnel; and re<br>en anticipated conditions described in the<br>and safety representative. | roper use of PPE by on-<br>igative work if personnel<br>ard; implements and<br>ards when possible;<br>ports any deviations |
| Not Applicable   | NA                               |                                  | •   | Alternate Site  | rnate Site Safety Coordinator (if any)   |  |
| TBD – Cincinnati (CI)  | 1-2                              |                                  | •   | team leader,  | nnel: Completes tasks, as directed by the project manager, r, and SSC, and follows the HASP and all SWPs and guidel in the Tetra Tech, Inc., Health and Safety Manual.   |  |
| TBD – Geophysical survey and direct-push/hollow-stem auger drilling  | 1-2                              |                                  | •   | MUST be ide<br>scope of work<br>Tech on-site  | red subcontractor personnel on site (a<br>ntified by name): Completes tasks as<br>k in accordance with the contract. Par<br>safety meetings and follows all proced<br>in this HASP, as well as in the company  | outlined in the project<br>ticipates in all Tetra<br>ures and guidelines   |

# Note:

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<sup>1.</sup> See next page for details on levels of protection

NOTE: Contingency level of protection section should be completed only if the upgraded level of protection is immediately available at the job site. If no contingency level of protection is denoted, all employees covered under this HASP must evacuate the immediate site area if air contaminant levels would require an upgrade of PPE.

Protective Equipment: (Indicate type or material as necessary for each task.)

| Task | Primary<br>Level of<br>Protection<br>(A,B,C,D) | PPE Component Description (Primary)  | Contingency<br>Level of<br>Protection<br>(A, B, C, D) | PPE Component Description (Contingency) |
|------|--|--|---|---|
| 1    | D  | Respirator type: None Cartridge type (if applicable): Not Applicable CPC material: Cotton or Tyvek Coveralls (optional) Glove material(s): None, Surgical Nitrile, or Work Gloves Boot material: Leather Steel-toe/Steel shank (boot covers – optional) Other: Hardhat, safety glasses, high-visibility vest, insect repellant, sun screen, hearing protection during heavy equipment and/or drill operation | N/A   | Level C is NOT Authorized               |
| 2    | D  | Respirator type: None Cartridge type (if applicable): Not Applicable CPC material: Cotton or Tyvek Coveralls (optional) Glove material(s): None, Surgical Nitrile, or Work Gloves Boot material: Leather Steel-toe/Steel shank (boot covers – optional) Other: Safety glasses, high-visibility vest, insect repellant, sun screen, flotation device or buddy system  | N/A   | Level C is NOT Authorized               |
| 3    | D  | Respirator type: None Cartridge type (if applicable): Not Applicable CPC material: Cotton or Tyvek Coveralls (optional) Glove material(s): None Boot material: Leather Steel-toe/Steel shank (boot covers – optional) Other: Hardhat, safety glasses, high-visibility vest, insect repellant, sun screen, hearing protection during heavy equipment and/or drill operation                                   | N/A   | Level C is NOT Authorized               |
|      |  | Respirator type: None Cartridge type (if applicable): Not Applicable CPC material: Cotton or Tyvek Coveralls (optional) Glove material(s): None Boot material: Leather Steel-toe/Steel shank (boot covers – optional) Other: Hardhat, safety glasses, high-visibility vest, insect repellant, sun screen, hearing protection during heavy equipment and/or drill operation                                   |   |   |
|      | NA   | Respirator type: None Cartridge type (if applicable): Not Applicable CPC material: Cotton or Tyvek Coveralls (optional) Glove material(s): None Boot material: Leather Steel-toe/Steel shank (boot covers – optional) Other: Hardhat, safety glasses, high-visibility vest, insect repellant, sun screen, hearing protection during heavy equipment and/or drill operation                                   |   |   |

#### Respirator Notes:

Respirator cartridges may only be used for a maximum time of 8 hours or one work shift, whichever is less, and must be discarded at that time. For job sites with organic vapors, respirator cartridges may be used as described in this note as long as the concentration is less than 200 parts per million (ppm), the boiling point is greater than 70 °Celsius, and the relative humidity is less than 85 percent. If any of these levels are exceeded, a site-specific respirator cartridge change-out schedule must be developed and included in the HASP using Tetra Tech Form RP-2 (Respiratory Hazard Assessment Form)

#### Notes:

All levels of protection must include eye, head, and foot protection.

CPC = Chemical protective clothing

TBD = To be determined

Thermoluminescent Dosimeter (TLD) Badges must be worn during all field activities on sites with radiation hazards. TLDs must be worn under CPC.

| Monitoring Equipment: All monitoring equipment on site must be calibrated before and after each use and results recorded in the site logbook |                        |   |  |   |  |
|--|------------------------|---|--|---|--|
| Instrument (Check all required)  | Task                   | Instrument Reading  | Action Guideline   | Comments  |  |
| Combustible gas indicator model:   | 1                      | 0 to 10% LEL  | Monitor; evacuate if confined space  |   |  |
|  | 2 3                    | 10 to 25% LEL   | Potential explosion hazard; notify SSC   |   |  |
|  | 5                      | >25% LEL  | Explosion hazard; interrupt task; evacuate site; notify SSC  |   |  |
| Oxygen meter model:  | 1 2                    | >23.5% Oxygen   | Potential fire hazard; evacuate site   |   |  |
|  | 3                      | 23.5 to 19.5% Oxygen  | Oxygen level normal  |   |  |
|  | 4<br>5                 | <19.5% Oxygen   | Oxygen deficiency; interrupt task; evacuate site; notify SSC   |   |  |
| Radiation survey meter model:  | 1<br>2                 | Normal background   | Proceed  | Annual exposure not to exceed 1,250 mrem per quarter  |  |
|  | 3                      | Two to three times background                                 | Notify SSC   | Background reading must be taken in an area known to be free of radiation sources.  |  |
|  | 4<br>5                 | >Three times background                                       | Radiological hazard; interrupt task; evacuate site; notify RSO   |   |  |
| Photoionization detector model:  11.7 eV   | 1<br>2<br>3<br>4*<br>5 | < 5 ppm > 5 to 100 ppm > 100 ppm  No discernable color change | Level D is acceptable Level C Level B Level D is acceptable  | 1. Use Level D PPE, 2. Obtain initial and periodic background (BG) levels, monitor source areas (such as open containers, excavations, DPT boreholes, concrete core holes, or saw cuts) using PID, 3. If PID readings 5 ppm or more above BG are observed at a source area, switch to monitor worker breathing zone (BZ) areas, 4. If PID readings > 5 ppm above BG in BZ, collect a Drager tube for vinyl chloride (see below). If VC tube is non-detect, proceed in Level D with continuous monitoring 5. If BZ readings > 10 to 100 ppm are detected, evacuate and ventilate mechanically or upgrade to Level B 6. Re-approach work area while monitoring with PID. If BG levels have been regained in the BZ, resume work in the appropriate level PPE for the readings. 7. If BZ readings remain > 10 ppm BG, remain in level B. The action level for upgrading the level of protection is one-half of |  |
| Detector tube models: Vinyl chloride-specific Drager tube (8101721) with a lower detection limit of 0.5 ppm (if available)                   | 2<br>3<br>4<br>5       | ANY discernable color change                                  | USEPA OSC will be consulted and appropriate engineering or administrative controls will be implemented or appropriate PPE, including air-purifying respirators, will | the contaminant's PEL. If the PEL is reached, evacuate the site and notify Health & Safety.   |  |
| Other (specify):   | 1 2 3 4 5 5            | Specify:  | Specify:   |   |  |

Notes:

eV= electron volt LEL=Lower explosive limit mrem=Millirem PEL=Permissible exposure limit PID = photoionization detector ppm=Part per million SSC=Site Safety Coordinator a. Level B is required when chemical hazards are present, but are uncharacterized. Level C may be acceptable for certain tasks in some situations. If you are uncertain, consult your RSO.

### **LEVEL 2 HEALTH AND SAFETY PLAN**

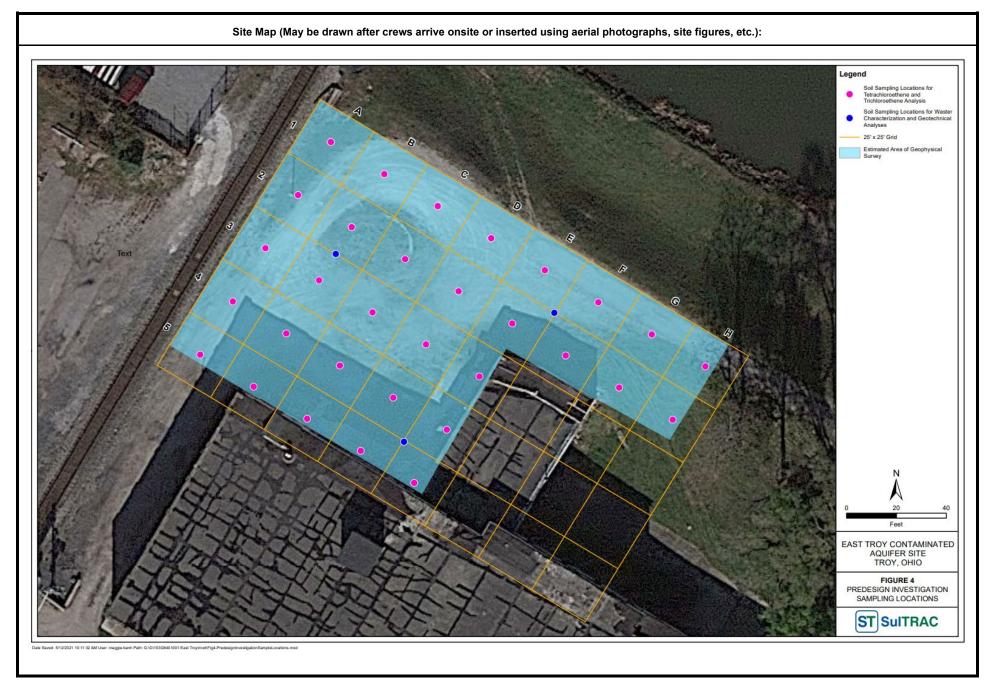
| Project-Specific Industrial Hygiene Requirements  | Emergency Contacts:  | Telephone No.                    |
|---|--|----------------------------------|
| OSHA-Regulated Chemicals*:  | CORE Occupational Medicine   | 855.683.9006                     |
| Check any present on the job site in any medium (air, water, soil)  | Tetra Tech EMI 24-hour Anonymous Hazard Reporting Line                         | 866.383.8070                     |
| No chemicals below are located on the job site  | U.S. Coast Guard National Response Center                                      | 800.424.8802                     |
| Friable Asbestos  | InfoTrac   | 800.535.5053                     |
| Silica, crystalline   | Poison Control   | 800.222.1222                     |
| alpha-Napthylamine  | Fire department  | 911                              |
| Silica, crystalline alpha-Napthylamine Methyl chloromethyl ether 3,3'-Dichlorobenzidine (and its salts) bis-Chloromethyl ether beta-Napthylamine Benzidine 4-Aminodiphenyl Ethyleneimine beta-Propiolactone 2-Acetylaminoflourene 4-Dimethylaminoazobenzene N-nitrosomethylamine Vinyl chloride Inorganic arsenic Lead Chromium (VI) Cadmium Benzene (No Exceedences of Screening Criteria) Coke oven emissions 1,2-Dibromo-3-chloropropane Acrylonitrile Ethylene oxide Formaldehyde | Police department  | 911                              |
| 3,3'-Dichlorobenzidine (and its salts)  | · ·  | 011                              |
| bis-Chloromethyl ether  | Personnel Call-Down List:  |                                  |
| beta-Napthylamine   | Job Title or Position: Name  | Cell Phone:                      |
| Benzidine   | Regional Safety Officer (RSO) Chris Draper                                     | (615) 969-1334                   |
| 4-Aminodiphenyl   | Project Manager: Ray Mastrolonardo Field Team Leader: Guy Montfort             | (312) 201-7748<br>(513) 664-8350 |
| Ethyleneimine   | Site Safety Coordinator (SSC): TBD   | (818) 004-0330<br>TBD            |
| beta-Propiolactone  | Subcontractor SSC: TBD   | TBD                              |
| 2-Acetylaminoflourene   |  |                                  |
| 4-Dimethylaminoazobenzene   | Medical and Site Emergencies:  |                                  |
| N-nitrosomethylamine  | Signal a site or medical emergency with three blasts of a loud                 | horn (car horn, fog horn, or     |
| ☐ Vinyl chloride  | similar device). Site personnel should evacuate to the area of                 | safe refuge designated on        |
| Inorganic arsenic   | the site map.  |                                  |
| Lead  | Hospital Name: Upper Valley Medical Center                                     |                                  |
| Chromium (VI)   | Address: 3030 North County Road, 2A<br>Troy, Ohio 45373-1335                   |                                  |
| Cadmium   | 110y, Offic 40070-1000   |                                  |
| Benzene (No Exceedences of Screening Criteria)  | Our and Blance   | (007) 440 4000                   |
| Coke oven emissions   | General Phone: Emergency Phone:  | (937) 440-4000<br>911            |
| 1,2-Dibromo-3-chloropropane   | Ambulance Phone:   | 911 or (937) 335-6655            |
| Acrylonitrile   |  | . 🖂 🖂                            |
| Ethylene oxide  | Hospital called to verify emergency services are offered? YES                  | S 🔼 NO 🗌                         |
| Formaldehyde  | Step-by-step Route to Hospital: (see Page 12 of 13 for route m                 | ap)                              |
| ☐ Methylenedianiline ☐ 1,3-Butadiene  |  | • •                              |
|   | Head east towards E Main street     Exit the traffic circle onto W Main Street |                                  |
| Methylene chloride  | 3) Turn right onto N Elm Street (0.04 miles)                                   |                                  |
| * NOTE: Many states, including California and New Jersey, have chemical-specific  | 4) Continue onto N Co Rd 25A (2.8 miles  |                                  |
| worker protection requirements and standards for many chemicals and   | 5) Arrive at Upper Valley Medical Center                                       |                                  |
| known or suspected carcinogens.   |  |                                  |
|   |  |                                  |
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|   |  |                                  |
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Note: This page must be posted on site.

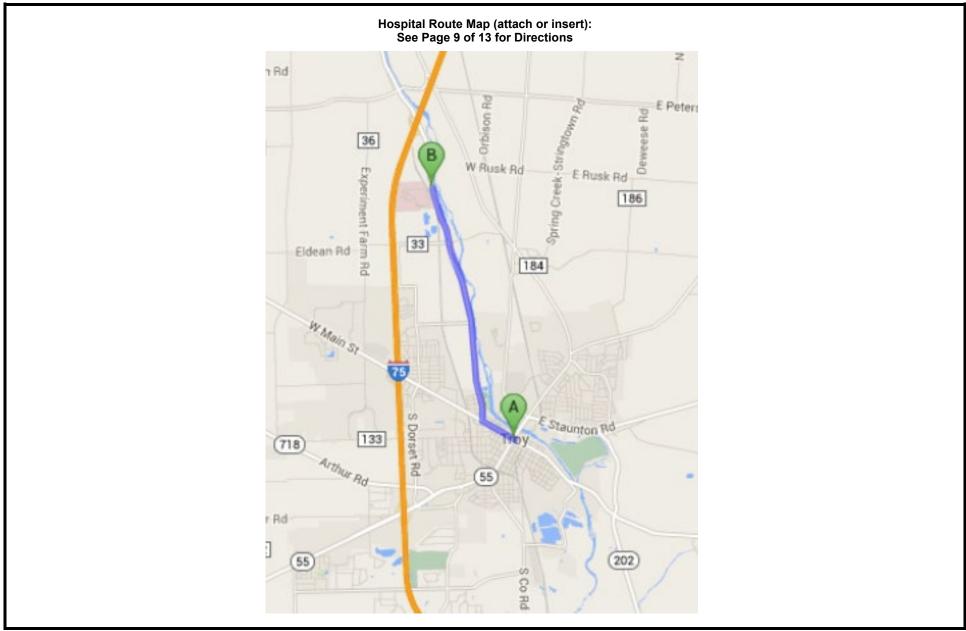
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| Decontaminati   | on Procedures   | Emergency Response Planning   |  |
|---|---|---|--|
| The site safety coordinator overseas implementation of project decontamination procedures and is responsible for ensuring they are effective. |   | During the pre-work briefing and daily tailgate safety meetings, all on-site employees will be trained in the provisions of emergency response planning, site communication systems, and site evacuation routes.  |  |
| Personnel Decontamination   | Decontamination Equipment   | In the event of an emergency that necessitates evacuation of a work task  |  |
| Level D Decon - Wet Dry   | <ul><li> Washtubs</li><li> Buckets</li></ul>                      | <ul> <li>area or the site, the following procedures will take place.</li> <li>The Tetra Tech SSC will contact all nearby personnel using the on-site</li> </ul>   |  |
| Level C Decon - Wet Dry   | Scrub brushes   | <ul> <li>communications to advise the personnel of the emergency.</li> <li>The personnel will proceed along site roads to a safe distance upwind from</li> </ul>  |  |
| Level B Decon – Briefly outline the level B   | Pressurized sprayer   | the hazard source.  |  |
| decontamination methods to be used on a separate page attached to this HASP.  | Detergent [Alconox]   | <ul> <li>The personnel will remain in that area until the SSC or an authorized<br/>individual provides further instructions.</li> </ul>   |  |
| Level A Decon – A Level 3 HASP is required. Notify your regional health and safety representative and health and safety director.             | Solvent Household bleach solution Concentration/Dilution:         | In the event of a severe spill or a leak, site personnel will follow the procedures listed below.  • Evacuate the affected area and relocate personnel to an upwind location.  • Inform the Tetra Tech SSC, a Tetra Tech office, and a site representative            |  |
| Equipment Decontamination   | Deionized water   | immediately.  |  |
| All tools, equipment, and machinery from the Exclusion Zone (hot) or Contamination Reduction Zone (warm) are                                  | ment, and machinery from Zone (hot) or Contamination e (warm) are | <ul> <li>Locate the source of the spill or leak, and stop the flow if it is safe to do so</li> <li>Begin containment and recovery of spilled or leaked materials.</li> <li>Notify appropriate local, state, and federal agencies.</li> </ul>                          |  |
| decontaminated in the CRZ before they are removed to the Support Zone (cold).   | │   | In the event of severe weather, site personnel will follow the procedures listed below.   |  |
| Equipment decontamination procedures are designed to minimize the potential for   | Tubs / pools  | <ul> <li>Site work shall not be conducted during severe weather, including high winds<br/>and lightning.</li> </ul>   |  |
| hazardous skin or inhalation exposure, cross-contamination, and chemical  | Banner/barrier tape   | In the event of severe weather, stop work, lower any equipment (drill rigs) and evacuate the affected area.   |  |
| incompatibilities.  | ☐ Plastic sheeting  | Severe weather may cause heat or cold stress. Refer to SWPs 5-15 and 5-   |  |
| Respirator Decontamination  | Tarps and poles   | 16 for information on both.   |  |
| Respirators are decontaminated in   | Trash bags  | All work-related incidents must be reported. According to TtEMI's   |  |
| compliance with SWP 5-27 and should be included with this HASP.   | Trash cans  | reporting procedures, for non-emergency incidents you should:   |  |
| Waste Handling for Decontamination  | ☐ Duct tape ☐ Paper towels  | <ul> <li>Notify WorkCare and Incident Intervention at 888.449.7787, or 800.455.6155</li> <li>Notify your Project Manager or Regional Safety Officer (RSO) via phone</li> </ul>  |  |
| Procedures for decontamination waste disposal meet all applicable local, state, and federal regulations.                                      | ☐ Folding chairs ☐ Other  | <ul> <li>immediately.</li> <li>Complete a "Tetra Tech Incident Report" (Form IR) within 24 hours and ser it to your RSO. If an injury or illness has occurred, the Form IR-A and the WorkCare HIPAA form must be completed at the same time the Form IR is</li> </ul> |  |
|   |   | completed.  |  |

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Note: A dry-run should be conducted to establish a physical location associated with the map included in the HASP. Verbal verification from the hospital emergency room should also be obtained to ensure that the hospital will accept chemically contaminated patients.

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### APPROVAL AND SIGN-OFF FORM

**Project No.:** 103G6401001.0001.1.2

I have read, understood, and agree with the information set forth in this Health and Safety Plan and will follow the direction of the Site Safety Coordinator (SSC) as well as procedures and guidelines established in the Tetra Tech, Inc., Health and Safety Manual. I understand the training and medical requirements for conducting field work and have met these requirements.

Tetra Tech has prepared this plan solely for the purpose of the health and safety protection of Tetra Tech employees. Subcontractors, visitors, and others at the site, while required to read and follow the provisions outlined in this plan at a minimum, should refer to their safety program for specific information related to their health and safety protection.

| Name | Company / Agency / Organization                                 | Signature | Date |
|------|---|-----------|------|
|      |   |           |      |
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|      |   |           |      |
|      | he information set forth in this Health and Safety Plan and com |           |      |

I have read, understood, and agree with the information set forth in this Health and Safety Plan and comply with and will enforce this HASP, as well as procedures and guidelines established in the Tetra Tech, Inc., Health and Safety Manual.

| Name              | Name Project-Specific Position |  | Date |
|-------------------|--------------------------------|--|------|
|                   | Project Manager                |  |      |
| Field Team Leader |                                |  |      |

Site Safety Coordinator

Subcontractor SSC

Tetra Tech has prepared this plan solely for the purpose of the health and safety protection of Tetra Tech employees. Subcontractors, visitors, and others at the site, while required to read, acknowledge and follow the provisions outlined in this plan at a minimum, should refer to their safety program for specific information related to health and safety.

Note: Use Additional sheets as necessary to ensure that all personnel sign and affirm this document.

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#### **Emergency Contacts**

- **WorkCare** For issues requiring an Occupational Health Physician; assistance is available 24 hours per day, 7 days per week.
- **InfoTrac** For issues related to incidents involving the transportation of hazardous chemicals; this hotline provides accident assistance 24 hours per day, 7 days per week
- **U.S. Coast Guard National Response Center** For issues related to spill containment, cleanup, and damage assessment; this hotline will direct spill information to the appropriate state or region

Poison Control Center - For known or suspected poisoning.

#### Limitations:

### The Level-Two HASP is not appropriate in some cases:

- Projects involving unexploded ordnance (UXO), radiation sources as the primary hazard, or known chemical/biological weapons site must employ the Level 3 HASP
- Projects of duration longer than 90 days may need a Level 3 HASP (consult your RSO)

#### **Decontamination:**

- Decontamination Solutions for Chemical and Biological Warfare Agents<sup>a</sup>: PPE and equipment can be decontaminated using 0.5 percent bleach (1 gallon laundry bleach to 9 gallons water) for biological agents (15 minutes of contact time for anthrax spores; 3 minutes for others) followed by water rinse for chemical and biological agents. In the absence of bleach, dry powders such as soap detergents, earth, and flour can be used. The powders should be applied and then wiped off using wet tissue paper. Finally, water and water/soap solutions can be used to physically remove or dilute chemical and biological agents. Do not use bleach solution on bare skin; use soap and water instead. Protect decontamination workers from exposure to bleach.
- **Decontamination for Radiological and Other Chemicals:** Primary decontamination should use Alconox and water unless otherwise specified in chemical specific information resources. The effectiveness of radiation decontamination should be checked using a radiation survey instrument. Decontamination procedures should be repeated until the radiation meter reads less than 100 counts per minute over a 100-square-centimeter area when the probe is held 1 centimeter from the surface and moving slower than 2.5 centimeters per second.
- **Decontamination Corridor:** The decontamination setup can be adjusted to meet the needs of the situation. The decontamination procedures can be altered to meet the needs of the specific situation when compoundand site-specific information is available.
- **Decontamination Waste:** All disposable equipment, clothing, and decontamination solutions will be double-bagged or containerized in an acceptable manner and disposed of with investigation-derived waste.
- **Decontamination Personnel:** Decontamination personnel should dress in the same level of PPE or one level below the entry team PPE level.
- All investigation-derived waste should be left on site with the permission of the property owner and the EPA on-scene coordinator. In some instances, another contractor will dispose of decontamination waste and investigation-derived waste. DO NOT place waste in regular trash. DO NOT dispose of waste until proper procedures are established.

#### Notes:

<sup>a</sup> Source: Jane's Information Group. 2002. Jane's Chem-Bio Handbook. Page 39.



# TETRA TECH, INC. DAILY TAILGATE SAFETY MEETING FORM

| Date:                | Time:              | Project No.:            |
|----------------------|--------------------|-------------------------|
| Client:              |                    | Site Location:          |
| Site Activities Plan | nned for Today:    |                         |
|                      |                    |                         |
|                      |                    | Safety Topics Discussed |
| Protective cloth     | ing and equipment: |                         |
| Chemical and p       | hysical hazards:   |                         |
| Emergency pro        | cedures:           |                         |
| Equipment haza       |                    |                         |
| Other:               |                    |                         |
|                      |                    | Attendees               |
|                      | Printed Name       | Signature               |
|                      |                    |                         |
|                      |                    |                         |
|                      |                    |                         |
|                      |                    |                         |
|                      |                    |                         |
|                      |                    |                         |
|                      |                    |                         |
| Meeting Conduct      | red by:            |                         |
| Name                 |                    | Signature               |



# TETRA TECH EM INC. HEALTH AND SAFETY PLAN AMENDMENT

| Site Name:                 |                           |                         |      |
|----------------------------|---------------------------|-------------------------|------|
| Amendment Date:            |                           |                         |      |
| Purpose or Reason for A    | Amendment:                |                         |      |
|                            |                           |                         |      |
|                            |                           |                         |      |
| Required Additional Saf    | e Work Practices or Act   | tivity Hazard Analyses: |      |
|                            |                           |                         |      |
| Required Changes in PF     | PE:                       |                         |      |
|                            |                           |                         |      |
|                            |                           |                         |      |
| Action Level Changes:      |                           |                         |      |
|                            |                           |                         |      |
|                            |                           |                         |      |
|                            |                           |                         |      |
|                            |                           |                         |      |
|                            |                           |                         |      |
|                            | AMENDME                   | NT APPROVAL             |      |
| RSO or Designee _          |                           |                         |      |
|                            | Name                      | Signature               | Date |
| Site Safety<br>Coordinator | Name                      | Signature               | Date |
|                            |                           |                         |      |
| Data procented during d    | laily aita aafaty maatina | ı•                      |      |



# TETRA TECH, INC. FIELD AUDIT CHECKLIST

| Project Name: ַ  | Project No.:             |
|------------------|--------------------------|
| Field Location:  | Completed by:            |
| Project Manager: | Site Safety Coordinator: |

| In C                | Complia           | nce?  |
|---------------------|-------------------|-------|
| Yes                 | No                | NA    |
|                     |                   |       |
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| n HASP              |                   |       |
| 1                   | order ment n HASP | order |

|          | Safety Items                               |                         | In C          | omplia | nce?        |
|----------|--|-------------------------|---------------|--------|-------------|
| Pers     | onal Protection                            |                         | Yes           | No     | NA          |
| 23       | Splash suit, if required                   |                         |               |        |             |
| 24       | Chemical protective clothing, if required  |                         |               |        |             |
| 25       | Safety glasses or goggles (always required | d)                      |               |        |             |
| 26       | Gloves, if required                        |                         |               |        |             |
| 27       | Overboots, if required                     |                         |               |        |             |
| 28       | Hard hat (always required)                 |                         |               |        |             |
| 29       | High visibility vest, if required          |                         |               |        |             |
| 30       | Hearing protection, if required            |                         |               |        |             |
| 31       | Full-face respirator, if required          |                         |               |        |             |
| Instru   | umentation                                 |                         |               |        | •           |
| 32       | Combustible gas meter and calibration not  | es                      |               |        |             |
| 33       | Oxygen meter and calibration notes         |                         |               |        |             |
| 34       | Organic vapor analyzer and calibration not | es                      |               |        |             |
| Supp     | lies                                       |                         | <b>.</b>      |        |             |
| 35       | Decontamination equipment and supplies     |                         |               |        |             |
| 35       | Fire extinguishers                         |                         |               |        |             |
| 37       | Spill cleanup supplies                     |                         |               |        |             |
| Corre    | ective Action Taken During Audit:          |                         |               |        | <del></del> |
|          |  |                         |               |        |             |
|          |  |                         |               |        |             |
| Note:    | NA = Not applicable                        |                         |               |        |             |
|          |  |                         |               |        |             |
| Audito   | r's Signature                              | Site Safety Coordinator | r's Signature |        |             |
|          |  |                         |               |        |             |
| <br>Date |  |                         |               |        |             |

| _  |  | ACTIVITY HAZARD ANALYSIS (AHA           |
|--|--|---|
| Tetra Tech, Inc.   |  | Tetra Tech EM Ir                        |
| Total Tools, Mo.   |  | (Insert Task Name Here                  |
|  |  | Task Description                        |
| The AHA contains potential hazards equipment), inspections, and training Insert a brief narrative description.  Below, go step by step through the | s posed by each major step in this g. The hazard controls listed belon of each task to be completed.  The whole process. For each step |   |
| Hazar  |  | Actions                                 |
| Task Steps   | Potential Hazards  | Critical Safety Procedures and Controls |
| Insert additional rows as needed   |  |   |
|  |  |   |
|  |  |   |
| Equipment to be Used   | Inspection Requirements  | Training Requirements                   |
| Assessed By  |  |   |

Date

Date

Signature

Signature

Name

Name

Approved By



## **ACTIVITY HAZARD ANALYSIS (AHA)**

Tetra Tech, Inc.

# Site Documentation and Observation of Heavy Equipment Operations

### **Task Description**

This Activity Hazard Analysis (AHA) applies to monitoring/oversight of excavation activities at lead sites. It has been developed and approved by the Regional Director of Health and Safety for Tetra Tech, Inc. The AHA contains potential hazards posed by each major step in this task, lists procedures to control hazards, and presents required safety equipment, inspections, and training.

| Overall Job Risk Assessment code (RAC)                    |  |   |                                  |
|---|--|---|----------------------------------|
| Hazards   |  | Actions   |                                  |
| Task Steps  | Potential Hazards  | Critical Safety Procedures and Controls   | Risk<br>Assessment<br>Code (RAC) |
| Site preparation  | SLIP/TRIP/FALL<br>LACERATION   | <ul> <li>Visually inspect the area for slippery spots or debris and correct if found</li> <li>Wear steel-toed, non-skid boots in accordance with Tetra Tech policy</li> <li>Ensure all debris has been removed from the path of travel</li> <li>Have a first aid kit available for small cuts</li> <li>Have map showing route to hospital in vehicle</li> </ul>   | Low                              |
| Observation of Excavation Operations Near Heavy Equipment | NOISE HAZARD SLIP/TRIP/FALL HEAVY EQUIPMENT EXCAVATION COLLAPSE/ENTRAPMENT | <ul> <li>Wear hearing protection</li> <li>Wear steel-toed, non-skid boots in accordance with Tetra Tech policy</li> <li>Wear hard hat and reflective safety vest</li> <li>Be aware of truck traffic on the property or site</li> <li>Stay within equipment operator's field of vision and never enter within the swing radius of operating equipment without positive contact with the operator</li> <li>Discuss hand signals with equipment operator(s) before commencing work</li> <li>Wear safety glasses and nitrile gloves</li> <li>Have a first aid kit available for small cuts</li> <li>Have map showing route to hospital in vehicle or have hospital address programed into phone or GPS</li> <li>Never enter an excavation unless you have followed the procedures in Safe Work Practice No. 4-5, Trenching and Excavation Safety, and know that it is safe to do so.</li> </ul> | Low                              |

|  |                         | Maintain a safe distance from the edge of an excavation and from heavy equipment near an excavation. |  |
|--|-------------------------|--|--|
| Equipment to be Used                           | Inspection Requirements | Training Requirements  |  |
| Level D PPE (steel-toed)                       | None                    | Personal Protective Equipment  |  |
| boots, safety glasses, nitrile                 |                         | Hazardous Waste Operations and Emergency Response (40-hour)  |  |
| gloves, hard hat, reflective                   |                         | and current 8-hour update)   |  |
| safety vest)                                   |                         | CPR/First Aid (one employee on-site must have current CPR/First Aid                                  |  |
| <ul> <li>First Aid Kit and eye wash</li> </ul> |                         | training)  |  |



# **ACTIVITY HAZARD ANALYSIS (AHA)**

| Activity/Work Task: Geophysical and Land Surveying | Overall Risk Assessment Code (RAC) (Use highest code) |  |         | М          |          |                        |  |
|--|---|--|---------|------------|----------|------------------------|--|
| Project Location:                                  |   | Risk Ass   | essment | Code (RAC) | ) Matrix |                        |  |
| Contract Task Order Number:                        | Soverity  |  |         | Probabi    | lity     |                        |  |
| Date Prepared: 11 November 2018                    | Severity  | Frequent   | Likely  | Occasional | Seldom   | Unlikely               |  |
| Prepared by: Chris Draper                          | Catastrophic  | Е  | Е       | Н          | Н        | M                      |  |
| Prepared by. Chilis Draper                         | Critical  | E  | Н       | Н          | M        | L                      |  |
| Pavioused by:                                      | Marginal  | Н  | M       | M          | L        | L                      |  |
| Reviewed by:                                       | Negligible  | M  | L       | L          | L        | L                      |  |
| Notes: (Field Notes, Review Comments, etc.)        | Step 1: Review each "Ha                               | Step 1: Review each "Hazard" with identified safety "Controls" and determine RAC (See above)   |         |            |          |                        |  |
|  | accident and  | "Probability" is the likelihood to cause an incident, near miss, or accident and Identified as: Frequent, Likely, Occasional, Seldom, or Unlikely. |         |            |          | RAC Chart              |  |
|  |   | "Severity" is the outcome/degree if an incident, near miss, or accident  |         |            |          | E= Extremely High Risk |  |
|  |   | did occur and identified as: Catastrophic, Critical, Marginal, or Negligible   |         |            |          | H= High Risk           |  |
|  |   | Step 2: Identify the RAC (Probability/Severity) as E, H, M, or L for each  |         |            |          | M= Moderate Risk       |  |
|  | "Hazard" on AHA. Annot                                | "Hazard" on AHA. Annotate the overall highest RAC at the top of AHA. L = Low Risk  |         |            |          |                        |  |

|    | ACTIVITY / PHASE          | POTENTIAL HAZARDS              | RECOMMENDED ACTIONS / CONTROLS  | RAC |
|----|---------------------------|--------------------------------|---|-----|
| 1. | Mobilization to the site. | 1. Driving                     | See Mobilization/demobilization AHA for control measures pertaining to     Driver qualifications     Distracted driving control measures     What to do if you are in an accident | L   |
| 2. | Placement of vehicle      | 2. Struck by – Traffic hazards | Struck by     To minimize potential Vehicle Traffic Hazards   | М   |

| ACTIVITY / PHASE | POTENTIAL HAZARDS | RECOMMENDED ACTIONS / CONTROLS   | RAC |
|------------------|-------------------|--|-----|
|                  |                   | <ul> <li>Use caution around heavy and/or other fast-moving equipment. Be aware of blind spots in and around drill rigs and support vehicles. They may not see you or your equipment.</li> <li>DO NOT place obstructions along the sides of the service or access roads that may cause personnel to move into the flow of traffic. Provide a required Free Space of Travel. This includes your support vehicle.</li> <li>Required "Free Space": Maintain at least 6-feet of space between you and moving traffic.</li> <li>Where this is not possible, use flaggers and/or signs to warn oncoming traffic of activities near or within the travel lanes.</li> <li>Face Traffic: Whenever feasible, if you must move within the 6-feet of required space, or into traffic attempt to face moving traffic at all times. Always leave yourself an escape route.</li> <li>Wear High Visibility Vests to increase visual recognition by motorist.</li> <li>Do not rely on the operator's visibility, judgment, or ability. Make eye contact with the driver.</li> <li>Carefully and deliberately use hand signals so they will not startle or confuse motorists or be mistaken for a flagger's direction before moving into traffic.</li> <li>Move Deliberately: Do not make sudden movements that might confuse a motorist.</li> <li>Avoid where possible interrupting Traffic Flow: Minimize crossing traffic lanes.</li> <li>Warning signs shall be placed indicating surveyors working from all approach venues where applicable.</li> </ul> |     |

| ACTIVITY / PHASE  | POTENTIAL HAZARDS   | RECOMMENDED ACTIONS / CONTROLS  | RAC |
|---|---|---|-----|
|   |   | Where free space of travel cannot be maintained a Traffic Control Plan will be required. This not anticipated.  |     |
| 3. Surveying  | Surveying – Vehicle and or traffic distraction.     Wondering into traffic pattern or flow. | <ul> <li>Distraction – Control measures</li> <li>Restrict flow and speed of traffic when working in traffic patterns or within the Free Space of Travel.</li> <li>Minimize activities during high traffic periods or when visibility maybe affected such as early morning and near dusk.</li> <li>Use the Buddy System, if you see a Team member not paying attention – Radio and remind.</li> <li>Secure all loose articles – Papers, maps, etc. – Persons will run into traffic not intentionally but to chase a piece of paper blowing away.</li> <li>Always wear High Visibility Vests, jackets, etc. to increase visual detection.</li> </ul>  | M   |
| Surveying - Driving hubs into the ground using hammers to mark identifying control points | Flying projectiles/Struck by/ impaled   | <ul> <li>4. Flying projectiles/Struck by <ul> <li>To protect from projectiles eye injuries personnel will wear safety glasses.</li> <li>Crack or damage hubs will not be used.</li> <li>Use a suitable hammer to drive the hubs. The hammer shouldn't be so heavy that and additional person must hold the hub while you drive it into the ground.</li> <li>Ensure the hammer head is attached tightly and has no indication of a mushrooming head that could also become a flying projectile.</li> <li>Hub covers with extended handles are recommended for this task. These steel caps fit over hubs to prevent the ejection of shards while the extension handle takes your hands and fingers</li> </ul> </li> </ul> | L   |

| ACTIVITY / PHASE   | POTENTIAL HAZARDS   | RECOMMENDED ACTIONS / CONTROLS   | RAC |
|--|---|--|-----|
|  |   | out of the strike point or area. The down slide, it is another piece of equipment to carry.  • Place the hubs in a bucket or similar device to prevent an impalement injury.   |     |
| 5. Surveying - Movement over various terrain types, through various vegetation | 5. Slips, trips, and falls  | <ul> <li>5. Slips, trips, and falls</li> <li>Remove/identify trip hazards from the work area, so they may be avoided.</li> <li>Maintain good housekeeping within the work area.</li> <li>Select the best route possible for moving over various terrain types and vegetation</li> <li>Work boots with a rugged lug is recommended to minimize slips, trip, and falls.</li> <li>Lace up boots providing ankle support is recommended for movement over various terrain. Steel toed boots are not required for this task.</li> </ul> | L   |
| 6. Cutting site lines, where necessary using hand tools.                       | 6. Cuts/Lacerations   | <ul> <li>6. Cuts/lacerations; Struck by</li> <li>See Hand tool use for removal of vegetation – Cutting site lines</li> <li>Wear hard hat, safety glasses, and leather gloves when cutting and removing vegetation.</li> <li>Keep cutting tools within their sheath during periods of travel or non-use.</li> <li>Machetes will be equipped with an adequate hilt to avoid the hand sliding down the blade in the event of a fall.</li> <li>This provision has been added should minor clearing be required.</li> </ul>             | L   |
| 7. Surveying points  | 7. Natural hazards – Irritating plants, insects, snakes and other reptiles. | 7. Poisonous plants/Insect Bites Insects populations can vary from ants, bees, spiders, ticks, and mosquitoes, etc These populations within certain regions are prevalent in all areas other regions are not as prevalent to certain   | М   |

| ACTIVITY / PHASE   | POTENTIAL HAZARDS            | RECOMMENDED ACTIONS / CONTROLS  | RAC |
|--|------------------------------|---|-----|
|  |                              | populations. This will also be affected by the season in which the work is being conducted.   |     |
| 8. Surveying   | 8. Inclement weather         | <ul> <li>8. In order to respond to inclement weather scenarios, the following actions will be employed:</li> <li>Electrical/Thunderstorms – Where possible employ a lightning detection equipment to warn field personnel of approaching storms. Where this is not possible, use the 30/30 rule</li> <li>If there is 30 seconds or less between thunder and lightning go inside for 30 minutes or more since the last thunder.</li> <li>Heavy rains/Winter storms – The survey team leader shall assess conditions and determine whether work will continue. This action shall include and assessment concerning traffic in the area and that traffics ability to control their vehicle's and not slide into work crews. In these cases, work will be restricted from along traffic travel patterns.</li> </ul> | M   |
| Preparation and Set up for Geophysical Screening. This will include laying out a grid, removing obstacles where possible | 1. Slips, trips, and falls - | <ul> <li>1) Slips, trips, and falls</li> <li>Remove/identify trip hazards from the work area so they may be avoided.</li> <li>Earthen depressions (sink holes) caused through previous excavation activities and settling will present trip and fall hazards. These areas should be flagged so the surveyor knows he/she is approaching a hazard. This is especially prevalent when dragging or pulling the GPR unit.</li> <li>Maintain good housekeeping within the work area. Remove ground litter and debris that may exacerbate this hazard while also interfering with the screening results.</li> </ul>   |     |

| ACTIVITY / PHASE             | POTENTIAL HAZARDS                            | RECOMMENDED ACTIONS / CONTROLS   | RAC |
|------------------------------|--|--|-----|
|                              |  | Wear boots with an adequate lug to minimize slipping potential when rains have created slippery conditions.  |     |
| Equipment handling           | 2. Lifting (strain/muscle pulls)             | <ul> <li>2. Lifting (strain/muscle pulls)</li> <li>Seek assistance when moving the GPR unit due to size configuration and sensitivity in and out of transport vehicles.</li> <li>Take breaks as often as necessary when carrying the EM-61 (or similar) for extended periods of time</li> <li>Use proper lifting techniques</li> </ul>   |     |
| Marking subsurface anomalies | 3. Flying projectiles; struck by broken hubs | <ul> <li>Flying projectiles/Struck by</li> <li>When hammering wooden hubs into the ground there is a possibility that shards may break off. To protect from potential eye injury during this activity personnel will wear safety glasses.</li> <li>Crack or damage hubs will not be used.</li> <li>Use a suitable hammer to drive the hubs. The hammer shouldn't be so heavy that and additional person must hold the hub while you drive it into the ground.</li> <li>Inspect the hammer to insure the head is attached tightly and there are no indication of mushrooming head that could also become a flying projectile should it break off.</li> <li>Use paint with an extend paint spray attachment, then come back and drive the hubs using a hub cap driving implement. This removes hands and protects against shards being splintered and driven off.</li> </ul> |     |

| ACTIVITY / PHASE              | POTENTIAL HAZARDS            | RECOMMENDED ACTIONS / CONTROLS  | RAC |
|-------------------------------|------------------------------|---|-----|
|                               |                              | Wear safety glasses anytime you are engaged impact related activities such as driving hubs.   |     |
| Conducting EM and GPR Surveys | 4. Traffic hazards/Struck by | <ul> <li>4. To minimize potential Vehicle Traffic Hazards</li> <li>Be extremely cautious around heavy and/or fast-moving equipment.</li> <li>DO NOT place obstructions along the sides of the service or access roads that may cause personnel to move into the flow of traffic. Provide a required Free Space of Travel.</li> <li>Required "Free Space": Maintain at least 6-feet of space between you and moving traffic.</li> <li>Where this is not possible, use flaggers and/or signs to warn oncoming traffic of activities near or within the travel lanes.</li> <li>Face Traffic: Whenever feasible, if you must move within the 6-feet of required space, or into traffic attempt to face moving traffic at all times. Always leave yourself an escape route.</li> <li>Wear High Visibility Vests to increase visual recognition.</li> </ul> |     |

| EQUIPMENT TO BE USED  | INSPECTION REQUIREMENTS                           | TRAINING REQUIREMENTS  |
|---|---|--|
| Machetes; brush axes; sledge hammers; Survey equipment.   | Inspect handles; heads; cutting implements        | General operating/demonstrated skill of the survey personnel.  |
| Personal Protective Equipment:  Minimum: Hard hat and safety glasses when removing vegetation; Safety glasses and leather or similar material work gloves; footwear with adequate Lug and ankle support; leather/canvas work gloves for moving over various terrain.  Optional items: High visibility vests are recommended for these activities in high traffic areas.  Emergency Equipment - First Aid Kit - Fire Extinguisher - Map to Hospital - Emergency Contact List | Inspect PPE to Ensure it is in adequate condition | <ul> <li>All personnel</li> <li>Site Specific Training – All personnel shall be instructed and attest to the review and understanding of this HASP prior to the commencement of on-site activity.</li> <li>Periodically, Tailgate Training Sessions will be conducted to review activities in progress, results of site surveys, and upcoming tasks. It is recommended that AHAs be reviewed prior to conducting the identified task.</li> <li>Complete a Medical Data Sheet</li> <li>Survey License and/or Certification Proof</li> <li>Decontamination Procedures:         Not required. Good personal hygiene practices are to be employed prior to breaks lunch or other period when hand to mouth contact occurs. This will minimize potential ingestion exposures.     </li> <li>Perform a close body inspection to remove ticks and associated insects when exiting unimproved areas (heavy vegetation).</li> </ul> |

# ACTIVITY HAZARD ANALYSIS IDW Management Page 2 of 4



## **ACTIVITY HAZARD ANALYSIS (AHA**

**Tetra Tech EM In** 

# **Direct-Push Apparatus Samplin**

### **Task Description**

This Activity Hazard Analysis (AHA) applies to collection of grab groundwater samples. It has been developed and approved by the Health and Safety Department The AHA identifies potential hazards posed by each major step in this task, lists procedures to control hazards, and presents required safety equipment, inspection and training.

| Overall Job Risk Assessment code (RAC) |   |   |                              |  |  |  |  |
|--|---|---|------------------------------|--|--|--|--|
| Haza                                   | rds   | Actions   |                              |  |  |  |  |
| Task Steps                             | Potential Hazards   | Critical Safety Procedures and Controls   | Risk<br>Assessme<br>Code (RA |  |  |  |  |
| Site preparation                       | SLIP/TRIP/FALL<br>LIFTING –<br>SPRAIN/STRAIN                                      | <ul> <li>Ensure that ALL utilities have been marked and stay outside of the margin or error.</li> <li>Maintain safe distance form ANY overhead utilities and structures.</li> <li>Visually inspect the area for slippery spots or debris and correct if found</li> <li>Wear steel-toed, non-skid boots in accordance with Tetra Tech EMI policy</li> <li>Use proper lifting techniques (lift with legs not back)</li> </ul> | Low                          |  |  |  |  |
| Soil Sampling Activities               | NOISE HAZARD EMPLOYEE EXPOSURE HEAVY EQUIPMENT LIFTING – SPRAIN/STRAIN LACERATION | <ul> <li>Wear hearing protection</li> <li>No loose-fitting clothing; wear hardhat, safety glasses, high-visibility (Class II) vest/shirt and nitrile gloves; upgrade to Level C IAW HASP requirements</li> <li>Use double-bladed cutting tool to open acetate sleeve – USE EXTREME CAUTION</li> <li>Handle glass containers carefully; dispose of any broken glass shards</li> </ul>  | Low                          |  |  |  |  |
| Groundwater Sampling<br>Activities     | NOISE HAZARD EMPLOYEE EXPOSURE HEAVY EQUIPMENT LIFTING – SPRAIN/STRAIN LACERATION | <ul> <li>Wear hearing protection</li> <li>No loose-fitting clothing; wear hardhat, safety glasses, high-visibility (Class II) vest/shirt and nitrile gloves; upgrade to Level C IAW HASP requirements</li> <li>Use double-bladed cutting tool to open acetate sleeve – USE EXTREME CAUTION</li> <li>Handle glass containers carefully; dispose of any broken glass shards</li> </ul>  | Low                          |  |  |  |  |
| Sampling and sample handling           | EMPLOYEE EXPOSURE<br>LACERATION<br>SLIP/TRIP/FALL<br>BACK STRAIN/SPRAIN           | <ul> <li>Wear safety glasses and nitrile gloves</li> <li>Handle glass containers carefully; dispose of any broken glass shards</li> <li>Wear steel-toed, non-skid boots in accordance with Tetra Tech EMI policy</li> <li>Use proper lifting techniques, including obtaining help with heavy coolers</li> </ul>   | Low                          |  |  |  |  |

# ACTIVITY HAZARD ANALYSIS IDW Management Page 3 of 4

| Equipment to be Used                             | Inspection Requirements                   | Training Requirements     |
|--|---|---------------------------|
| Specified PPE                                    | PPE prior to use                          | As specified in site HASP |
| <ul> <li>Sampling equipment, pumps,</li> </ul>   | <ul> <li>Inspect and calibrate</li> </ul> |                           |
| bottle ware, etc.                                | any monitoring                            |                           |
| <ul> <li>Air monitoring equipment</li> </ul>     | equipment                                 |                           |
| IAW site HASP                                    | <ul> <li>Subcontractor MUST</li> </ul>    |                           |
| <ul> <li>First aid kit &amp; eye wash</li> </ul> | inspect drill prior to                    |                           |
|  | operation                                 |                           |

# ACTIVITY HAZARD ANALYSIS IDW Management Page 4 of 4

| Tetra Tech, Inc. |  |
|------------------|--|
|------------------|--|

## **ACTIVITY HAZARD ANALYSIS (AHA**

**Tetra Tech EM In** 

# **Hollow Stem Auger Sampling**

**Task Description** 

This Activity Hazard Analysis (AHA) applies to collection of grab groundwater samples. It has been developed and approved by the Health and Safety Department. The AHA identifies potential hazards posed by each major step in this task, lists procedures to control hazards, and presents required safety equipment, inspections, and training.

| Overall Job Risk Assessment code (RAC) |  |  |                                  |  |
|--|--|--|----------------------------------|--|
| Hazard                                 | Hazards Actions  |  |                                  |  |
| Task Steps                             | Potential Hazards  | Critical Safety Procedures and Controls  | Risk<br>Assessment<br>Code (RAC) |  |
| Site preparation                       | SLIP/TRIP/FALL<br>LIFTING –<br>SPRAIN/STRAIN   | <ul> <li>Visually inspect the area for slippery spots or debris and correct if found</li> <li>Wear steel-toed, non-skid boots in accordance with Tetra Tech EMI policy</li> <li>Use proper lifting techniques (lift with legs not back)</li> </ul>   | <u>Low</u>                       |  |
| Soil Sampling Activities               | NOISE HAZARD EMPLOYEE EXPOSURE HEAVY EQUIPMENT LIFTING – SPRAIN/STRAIN LACERATION                | <ul> <li>Wear hearing protection</li> <li>No loose-fitting clothing; wear hardhat, safety glasses, high-visibility (Class II) vest/shirt and nitrile gloves; upgrade to Level C IAW HASP requirements</li> <li>Use double-bladed cutting tool to open acetate sleeve – USE EXTREME CAUTION</li> <li>Handle glass containers carefully; dispose of any broken glass shards</li> </ul> | Low                              |  |
| Groundwater Sampling Activities        | NOISE HAZARD<br>EMPLOYEE EXPOSURE<br>HEAVY EQUIPMENT<br>LIFTING –<br>SPRAIN/STRAIN<br>LACERATION | <ul> <li>Wear hearing protection</li> <li>No loose-fitting clothing; wear hardhat, safety glasses, high-visibility (Class II) vest/shirt and nitrile gloves; upgrade to Level C IAW HASP requirements</li> <li>Use double-bladed cutting tool to open acetate sleeve – USE EXTREME CAUTION</li> <li>Handle glass containers carefully; dispose of any broken glass shards</li> </ul> | Low                              |  |
| Sampling and sample handling           | EMPLOYEE EXPOSURE<br>LACERATION<br>SLIP/TRIP/FALL  | <ul> <li>Wear safety glasses and nitrile gloves</li> <li>Handle glass containers carefully; dispose of any broken glass shards</li> <li>Wear steel-toed, non-skid boots in accordance with Tetra Tech EMI policy</li> </ul>  | Low                              |  |

# ACTIVITY HAZARD ANALYSIS IDW Management Page 5 of 4

|  | BACK STRAIN/SPRAIN  | Use proper lifting techniques, including obtaining help with heavy coolers |  |
|--|---|--|--|
| Equipment to be Used   | Inspection Requirements   | <u>Training Requirements</u>   |  |
| <ul> <li>Specified PPE</li> </ul>  | PPE prior to use  | As specified in site HASP  |  |
| <ul> <li>Sampling equipment, pumps, bottle ware, etc.</li> <li>Air monitoring equipment IAW site HASP</li> <li>First aid kit &amp; eye wash</li> </ul> | <ul> <li>Inspect and calibrate<br/>any monitoring<br/>equipment</li> <li>Subcontractor MUST<br/>inspect drill prior to<br/>operation</li> </ul> |  |  |

# ACTIVITY HAZARD ANALYSIS IDW Management Page 6 of 4



# **ACTIVITY HAZARD ANALYSIS (AHA)**

| Activity/Work Task: IDW and Other Management          | Overall Risk   | Assessment         | Code (RAC)      | ) (Use highest       | code)         | M        |
|---|--|--------------------|-----------------|----------------------|---------------|----------|
| Project Location:                                     | R  | isk Assess         | sment Co        | de (RAC) Ma          | atrix         |          |
| Contract Number:                                      | Soverity   |                    |                 | Probability          | •             |          |
| Date Prepared: 05/20/2018                             | Severity   | Frequent           | Likely          | Occasional           | Seldom        | Unlikely |
| Dropored by   | Catastrophic   | E                  | Е               | Н                    | Н             | M        |
| Prepared by:  | Critical   | E                  | Н               | Н                    | M             | L        |
| Baylowed by Chris Droper                              | Marginal   | Н                  | M               | M                    | L             | L        |
| Reviewed by: Chris Draper                             | Negligible   | M                  | L               | L                    | L             | L        |
| Notes: (Field Notes, Review Comments, etc.)           | Step 1: Review each "Haz   | ard" with identifi | ed safety "Cont | trols" and determine | e RAC (See ab | ove)     |
|   | occur and identified as: Catastrophic, Critical, Marginal, or Negligible |                    |                 | RAG                  | RAC Chart     |          |
|   |  |                    |                 |                      | ely High Risk |          |
|   |  |                    |                 | H= High R            |               |          |
| Step 2: Identify the RAC (Probability/Severity) as E, |  |                    |                 |                      | M= Moder      |          |
|   | "Hazard" on AHA. Annota  | te the overall hig | hest RAC at the | e top of AHA.        | L = Low R     | isk      |

| ACTIVITY /<br>PHASE     | POTENTIAL<br>HAZARDS                               | RECOMMENDED ACTIONS / CONTROLS  |   |
|-------------------------|--|---|---|
| Storage Area     set up | Traffic hazards;     Material handling     hazards | Traffic hazards/Material Handling hazards – This area should be easily accessible in order to place and remove the drums accumulated.  To the standard of | L |
|                         |  | To further reduce material handling hazards, support spill containment and control, and sampling when necessary, the IDW storage area should be structured as follows:  |   |
|                         |  | Maximum 4-drums to a pallet with retaining ring bolt and label on the outside for easy access/reference.  |   |
|                         |  | Maintain a minimum of 4-feet between each row of pallets. This is the minimum distance necessary to wheel drums on a drum dolly.  |   |

| ACTIVITY /<br>PHASE     | POTENTIAL<br>HAZARDS             | RECOMMENDED ACTIONS / CONTROLS  | RAC |
|-------------------------|----------------------------------|---|-----|
| PRASE                   | HAZARUS                          | <ul> <li>If the site is not secured, the satellite storage area shall be fenced and signs placed indicating the following:         <ul> <li>a. Primary Point of Contact (make sure they know they been identified as the primary point of contact).</li> <li>b. Phone Number</li> <li>c. Emergency Contact (If different from the primary)</li> </ul> </li> <li>Provide a Drum/Container Inventory to the Primary Point of Contact and to Emergency Services, if they deem it necessary. The inventory should contain:         <ul> <li>a. Each drum shall be assigned a unique identification number. This number shall be placed on the label and drum shell using a paint marker (Note: Do not paint the number on the lid as these have a tendency to get exchanged from time to time.)</li> <li>b. Types of waste materials (decontamination waters; purge waters, etc.)</li> <li>c. Volumes (Full or level associated with the container after completion of the project location)</li> <li>d. Where it was derived from (The site and/or wells)</li> <li>e. Dates (When filling began)</li> <li>f. Contact – For more information</li> </ul> </li> </ul> |     |
| 2. Material<br>Handling | 2. Lifting (strain/muscle pulls) | <ul> <li>Ensure all lids are secured.</li> <li>2. Lifting (strain/muscle pulls)</li> <li>Use mechanical means (i.e. dollies, etc.) to move and handle containers. Use proper lifting techniques described in Section 4.4 of the Health and Safety Guidance Manual (HSGM).</li> <li>Fill drums and buckets only to 80% to minimize some of the weight and incidental spill issues.</li> <li>Use help to move and place drums</li> <li>Reminder: The drums you are attempting to move, lift and/or relocate may weigh on the average of</li> <li>55-Gallon container of purge or decontamination waters = ~500 lbs. (including the container)</li> </ul>  | M   |

| ACTIVITY /<br>PHASE   | POTENTIAL<br>HAZARDS              | RECOMMENDED ACTIONS / CONTROLS   | RAC |
|---|-----------------------------------|--|-----|
| 3. Placing the drums  | 3. Pinches and compressions       | <ul> <li>3. Pinches and compressions – During placement of drums/containers on pallets use machinery or assistance from another person where possible. Keeps hand out of the area between drums during placement.</li> <li>It is best to place the drums and pallets then transport buckets to fill the drums already placed.</li> <li>Wear steel toed shoes with adequate lug to support traction when moving heavy containers.</li> <li>If drums are used at the wells, Whale pumps may be used to transfer contents to a drum in the pick up and then again at the storage area.</li> <li>If necessary buckets can also be used to transfer materials.</li> </ul> | М   |
| <ul><li>4. Spill prevention and protection</li><li>Staging and Labeling Containers.</li></ul> | 4. Chemical contaminants exposure | 4) Chemical hazards – Generally encountering contaminants during this activity is low unless the contents of a container must be transferred due to a faulty container [leak(s)]. The outside of containers should be cleaned of residual waters (e.g. splashes, etc.) to avoid potentially exposing all who come in contact. The FOL and/or the SSO will  Insure the outsides of all drums moved to the staging area are washed/wiped clean.  | L   |

### **Spill Containment -** The primary area of concern regarding spills and/or releases are:

- Collection point –Use mortar tubs as secondary containment. In addition, keep the buckets in the mortar tubs during transport in your vehicle.
- Keep the buckets closed during transport.
- Avoid leaving containers open that may off gas during transport.
- Moving/Handling the drums/containers of waste materials. Minimize handling drums as much as possible and:.
  - o Use proper lifting appliances such as drum grapplers, drum dollies, etc.,. Secure containers for movement over long distances.
  - o Exercise care when using a backhoe or similar device to lift the drums. This could result in a bucket tooth puncturing the drum resulting in a release.
  - o Place the drums onto a lift gate and flat bed with removable sides for transport to the staging area.

This section describes the procedures the Tetra Tech field personnel will institute when a spill or leak is detected:

- Initiate incidental response measures, including:
  - Employ personal protective equipment (see below). Take actions to stop the leak or spill by plugging or patching the container or raising the leak to the highest point in the vessel (for containers). Spread the absorbent material in the area of the spill, covering it completely.
  - o Transfer material to a new vessel; collect and containerize the absorbent material. Label the new container appropriately. Await analyses for treatment and disposal options.
- Re-containerize spills, including 2-inch of top cover (if over soils) impacted by the spill. Await test results for treatment or disposal options.
- Notify the SSO or FOL immediately upon detection of a leak or spill and actions taken or employed.
- Personal Protective Equipment
  - Nitrile outer gloves
  - Splash Shield
  - Impermeable over-boots
  - Rain suits

#### **Hazard Monitoring Required:**

Visual observation of work practices by the FOL and/or the SSO to minimize potential physical hazards (i.e., improper lifting, unsecured loads, cutting practices, etc.). Monitoring will only be employed if Spill Containment is implemented. Periodic visual inspection for leaks when filling drums or those at the staging area.

#### **Decontamination Procedures:**

Not required, unless spill containment protocol is implemented. Then the following will apply

- Once the spill is secured and all of the spill equipment has been through a soap and water wash and rinse.
- Personnel will wash/rinse outer protective garment with soap and water.

#### Permits/Requirements:

Complete IDW Inventory List

| • Ren  | nove outer protective garments.         |                                     |
|--|---|-------------------------------------|
| • Was  | sh hands and face.                      |                                     |
| Training Required  | Emergency Equipment                     | H&S Supporting Program Requirements |
| • 29 CFR 1910.120 (e) Site Specific Training, See Figure | - First Aid Kit                         | Name we strive d                    |
| 8-1  | - Fire Extinguisher                     | None required.                      |
|  | - Map to Hospital and Emergency         |                                     |
| Medical Clearance/Surveillance Required                  | Contact List (Posted and a copy         |                                     |
| Completed a Medical Data Sheet                           | placed in your First-Aid Kit.           |                                     |
|  | - Spill Kit (Oil dry, wood shavings, or |                                     |
|  | other absorbent materials, Shovels,     |                                     |
|  | brooms, Oil absorbent pads              |                                     |
|  |   |                                     |



### **INTRODUCTION**

The health and safety (H&S) of Tetra Tech employees is our number one priority. During this world-wide crisis, Tetra Tech has taken actions to inform and protect our employees at their local offices and field worksites. We have established a dedicated <a href="Moving Local Covid-19">COVID-19</a> Information and Guidance page on My. Tetra Tech. com to provide the most recent company guidance and policies regarding our response to Coronavirus Disease 2019 (COVID-19).

COVID-19 is a respiratory illness that can spread from person-to-person. The virus that causes COVID-19 is a novel (newly discovered) coronavirus that was first identified during an investigation into an outbreak in Wuhan, China and has only been known to spread in people since December 2019. For the latest summary on the COVID-19, visit the CDC Situation Summary page.

The purpose of this Tetra Tech EMI COVID-19 Response and Contingency Plan is to ensure that EMI employees are prepared to respond to a potential outbreak within our work environments. This situation is very fluid, and you are advised to stay updated by checking the <u>Coronavirus Disease CDC website</u> frequently. In addition, continually monitor the emails shared by your leadership and Safety Managers on this topic, as well as on the employee <u>COVID-19 Information and Guidance page</u> on the Tetra Tech intranet.

### **SYMPTOMS AND DISEASE TRANSMISSION**

Person-to-person contact is the primary mode of transmission. Respiratory droplets from coughs and sneezes can infect others within close contact — about 6 feet. Touching contaminated surfaces then touching your own mouth, nose, or eyes is a possible route, but is not considered as significant as close contact with infected people; however, exposure pathways are still being studied by the Centers for Disease Control and Prevention (CDC). People are thought to be most contagious when they are most symptomatic (the sickest). Some exposure might be possible before people show symptoms (asymptomatic); there have been reports of this, but this is not thought to be the primary way the virus spreads. Monitor the CDC <a href="How COVID-19 Spreads">How COVID-19 Spreads</a> site for up-to-date information on transmission.

The CDC believes the typical incubation period before symptoms appear is 2 to 14 days after infection. An analysis of publicly available data on infections estimated **5.1 days** for the median disease incubation period, according to a study led by Johns Hopkins Bloomberg School of Public Health. Symptoms include:

- Fever, usually over 100.4° F
- Cough, usually dry
- Shortness of breath

Check the CDC COVID-19 <u>Symptoms</u> page for updates.

#### TREATMENT AND PREVENTION

There is currently no FDA-approved medication or vaccine available for COVID-19. People infected with this virus should receive supportive care such as rest, fluids, and fever control, to help relieve symptoms. However, hospital care, including use of ventilators may be required for severe cases.

Steps to prevent the spread of COVID-19 are:

- Tetra Tech's corporate work-at-home policy has been revised to encourage all staff to work at home, whenever feasible, and in communication with project managers, their supervisor, and Operations Manager (OM), as appropriate.
- Stay home when you are sick.
- If you are sick, follow the CDC Prevention Measures for Persons Under Investigation.
- Wash your hands often with soap and water for at least 15-20 seconds. If soap and water are not
  available, use a hand sanitizer with at least 60% alcohol.
- Avoid touching your eyes, nose, and mouth with unwashed hands.
- Avoid crowds and close contact (within 6 feet) with others who may be infected.
- Cover your cough or sneeze with a tissue, then throw the tissue in the trash.
- Standard household cleansers and wipes are effective in cleaning and disinfecting frequently touched objects and surfaces.
- As it is currently flu and respiratory disease season, CDC recommends getting vaccinated for flu, taking <u>everyday preventive actions</u> to stop the spread of germs, and taking flu antivirals if prescribed.



### **REGARDING DOMESTIC AND INTERNATIONAL BUSINESS TRAVEL**

#### **Travelers**

All non-essential domestic travel is prohibited. All travel will be limited to essential matters only with appropriate approvals by the EMI President, Jeremy Travis. Specific requests for travel approval should be routed through the appropriate supervisor and OM. Questions regarding definitions of "non-essential" or "essential matters" shall be determined by your OM.

International travel to any countries identified by the CDC as either Level 2 or Level 3 is **currently prohibited**. For the most current list of Level 2 and Level 3 countries see: <a href="https://wwwnc.cdc.gov/travel/notices">https://wwwnc.cdc.gov/travel/notices</a>. Any international travel must be approved by the EMI President, Jeremy Travis, and completion of a hazard assessment by H&S on a case-by-case basis. Check this <a href="mailto:site">site</a> to determine if your planned international travel may involve countries with travel restrictions <a href="mailto:before">before</a> you travel.

| Level 3 Countries: Warning | Level 2 Countries: Alert | Level 1 Countries: Watch |
|----------------------------|--------------------------|--------------------------|
| Prohibited                 | Prohibited               | No non-essential travel  |

All non-essential travel has been cancelled. Essential travel requests must be approved by Jeremy Travis.

Essential travel approved by Jeremy Travis should be limited.

To protect yourself during approved, essential travel:

- Travel MUST be booked using the Tetra Tech Travel Hub Dashboard.
- For international travel, have the <u>International SOS (ISOS) app</u> on your phone and check frequently for updates.
- Avoid contact with sick people.
- Avoid touching your eyes, nose, or mouth with unwashed hands.
- Discuss travel plans with CORE (855-683-9006), Tetra Tech's occupational medical consultant, and your personal provider.
- Older adults and travelers with chronic medical conditions may be at risk for more severe disease.
- Clean your hands often by washing them with soap and water for at least 20 seconds or using an alcohol-based hand sanitizer that contains at least 60%-95% alcohol.
- Sanitizer wipes are recommended for air travel.
  - o It is especially important to clean hands after going to the bathroom; before eating; and after coughing, sneezing, or blowing your nose.

If you have spent time in a Level 2 or 3 location during the past 14 days (for work OR personal reasons) and feel sick with fever, cough, or have difficulty breathing:

- **Do not come to work!** Avoid public places and public transportation. Notify your supervisor, Human Resources (HR) representative, and H&S representative of your health condition.
- Seek medical advice. Call ahead before you go to a doctor's office or emergency room. Tell them about your recent travel and your symptoms.
- Use Tetra Tech's Teladoc service and app or similar telemedicine services to consult with physicians.
- Avoid contact with others.
- Do not travel while sick.

If you have spent time in a Level 2 or 3 location during the past 14 days (for work OR personal reasons) and are asymptomatic:

- **Do not come to work!** Avoid public places and public transportation. Notify your supervisor, HR, and H&S representatives of your health condition.
- Be sure you have your laptop and charger with you to facilitate working from home if necessary.
- Continue communicating with your supervisor on your status.
- After completing the self-quarantine 14-day period and if you do not exhibit any signs or symptoms mentioned above, you may be allowed to return to work.



### PREVENTING OUTBREAKS IN THE WORKPLACE

The Tetra Tech Safe Work Practice, <u>Infectious Disease Guidance</u> (SWP 5-55), provides guidance to identify risk management techniques to protect employees who may be at increased risk of infection, address related complications, and maintain business operations. Tetra Tech has additionally eliminated in-person meetings of over 10 persons and is using "virtual meetings" whenever possible.

OMs are encouraged to work with their building management to ensure an appropriate cleaning schedule. Work surfaces should be regularly cleaned to maintain good housekeeping in the work environment. Clean surfaces that are touched by the hands or face diligently; such as, but not limited to: doorknobs, light switches, elevator buttons, remote controls, handrails, computer keyboards, mice, telephones, microphones, tables and chairs, coffeemakers, vending machines, etc.

If building management is non-responsive to our cleaning requests, OMs are encouraged to implement regular cleaning schedules of office space and restrooms using outside contracted janitorial personnel.

OMs should procure facial tissue, hand sanitizer (greater or equal to 60% alcohol), and disposable disinfectant wipes for employees to facilitate self-cleaning of frequent hand-contact surfaces (e.g., doorknobs, light switches, computer keyboards, telephones, vending machines). Employees or designated persons should inspect common areas and frequent hand-contact surfaces for cleanliness. If necessary, clean these areas with available disinfectant wipes. OMs should encourage personnel to clean their own workstation surfaces with available disposable disinfectant wipes.

Common areas should be regularly checked to ensure dishwashing detergent, sponges, and cleaning cloths are available and replaced as necessary.

Posters communicating COVID-19 prevention strategies shall also be posted in common areas throughout all office locations, including satellite offices and field sites with office trailers or facilities. Web resources for these posters can be found here:

- CDC Print Resources: <a href="https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html">https://www.cdc.gov/coronavirus/2019-ncov/communication/factsheets.html</a>,
- ISOS Education and Communication: <a href="https://pandemic.internationalsos.com/2019-ncov/ncov-education-and-communication">https://pandemic.internationalsos.com/2019-ncov/ncov-education-and-communication</a>

### Recommendations for EMI worksites include:

- Consider Skype meetings, use of Microsoft Teams, or SharePoint sites as opposed to meetings.
- Tetra Tech personnel should perform self-evaluations each day PRIOR to work. If any new symptoms or if any potential exposures have occurred, the employee should STAY HOME or at the hotel.
- Field workers should consider texting or emailing daily communications, such as safety briefings, to increase social distancing.
- Maintain soap and water, alcohol-based hand sanitizer (ABHS), AND sanitizing wipes in the vehicle.
- Do not shake hands. Maintain social distancing from everyone, including clients and your coworkers.
- Ensure workspaces are cleaned frequently.
- Ensure all staff members are provided information on disease transmission, symptoms, and prevention as discussed above.
- Supervisors shall work with OMs to determine the applicable actions regarding work arrangements other than normal work environments. This includes employees who may need to be home to care for children or other family members who are sick or affected by institutional closures.
- Managers and supervisors should be flexible with work at home assignments.
- All employees are responsible for notifying their supervisors or project/program mangers if project work will be affected during absence.



### **REPORTING AND MONITORING SUSPECTED CASES**

Employees who become ill should report their illness to their Project Manager, OM, and H&S immediately. All employees absent from work three or more days because of their health, or to care for a family member, should report the absence to HR and may be eligible for Family Medical Leave Act. Contact your personal physician and consider using Tetra Tech's Teladoc service and app or similar telemedicine services. See the COVID-19 General Guidelines for Response flowchart at the end of this plan.

OMs should verify that more than one method of communicating with staff is available. Please ensure all telephone numbers / email distribution lists are up to date.

If your risk profile includes recent foreign travel, close contact with infected individuals, or a household member diagnosed with COVID-19, or you experience symptoms:

- Isolate if at home, stay at home. If at the office, go home immediately and notify your supervisor of your health condition. If you are on business travel, isolate in the hotel and contact CORE and your supervisor immediately for guidance. Continue isolation until cleared by your physician or state or local health department.
- Seek medical attention as described above.
- Report to your supervisor, HR, and H&S representative. Report confirmed COVID-19 cases to help us track and monitor for possible workplace outbreaks. A suspected/confirmed case register will be maintained. The case register will include employee's name, dependent name, if applicable, current location, contact information, and emergency contact information. Actions outlined below may be necessary. CORE Occupational Medicine will be contacted to verify test results performed by an employee's physician or state or local health department. All personally identifiable information must be kept confidential.
- Notify HR if an employee requests to self-quarantine because they have reason to believe that reporting to work would pose an imminent or serious danger to themselves or others.

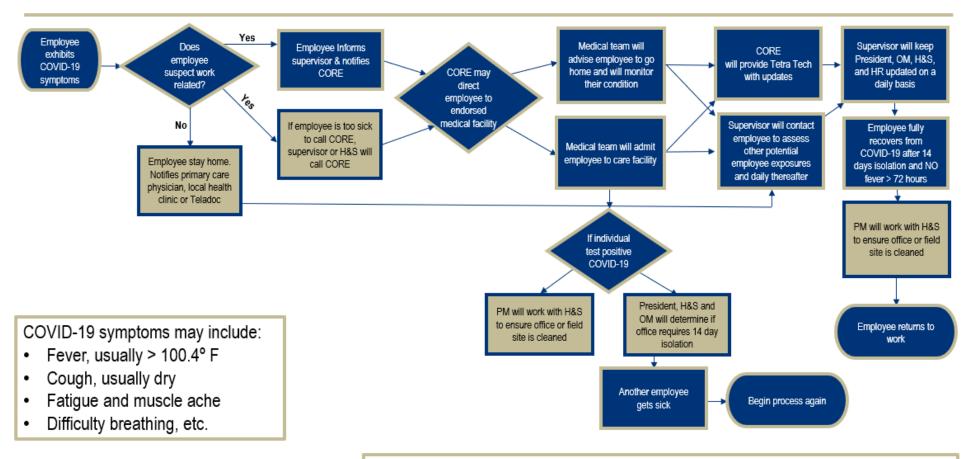
### Response to Possible Outbreak

In the event of a confirmed case of COVID-19 in the workplace:

- OM and H&S representative will provide for guidance on cleaning procedures for a confirmed employee's work environment, including offices, field worksites, and hotel rooms.
- OM, H&S, and HR will coordinate notice to staff of the confirmed case and possible exposure to the virus, without revealing the individual's identity.
- Ask all employees to remain vigilant and immediately isolate and report any symptoms.
- The OM for the office location will notify the building landlord.
- Field team leaders will notify the client and any others that have been in contact with a potentially infected employee.
- Notify Jeremy Travis. Executive leadership will determine appropriate contingency plan for the specific location with local OMs. This may include shutting down the site or office to minimize the spread of COVID-19.
- H&S representative will notify the hotel and any local or state public health agencies and complete reporting requirements, if any.
- Executive leadership and H&S will coordinate care for employees quarantined in hotels or areas apart from their families as necessary.

If a worksite or office is closed, EMI leadership will continue to monitor and communicate with affected work site or office leadership during closure.

### **COVID-19 General Guidelines for Response**





CORE: 1-855-683-9006

H&S: Chris Draper - 615-969-1334; Denny Cox - 816-668-7464; or Dave Brown - 619-446-7261

HR: Shannon Stuver - 541-482-8938 or Diane Stopa - 703-885-5518

President: Jeremy Travis - 703-885-5520



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### INTRODUCTION

Tetra Tech recognizes the need to prepare for and minimize the impact of either a localized outbreak of serious infectious disease, pandemic disease events or other events that may present a health risk to employees. The objective of this guidance is to identify risk management techniques and coordinate response, protect employees who are at increased risk of infection, address related complications, and maintain business operations.

Given the diversity in the size and nature of Tetra Tech operations, appropriate responses to these health events will depend on several key indicators such as:

- Disease severity in general and high risk populations;
- Extent of disease at the location:
- Amount of worker absenteeism; and
- Other factors that may affect an employee's ability to get to work (restrictions on travel, school closures, care for sick family members, conflicts, etc.).

Tetra Tech offices and project locations are encouraged to take appropriate actions based on conditions at each location.

In the event the severity of a pandemic event increases and key business operations are impacted, Tetra Tech may elect to activate its Business Continuity Plan (BCP) to maintain enterprise essential business functions. The decision to activate the BCP will be at the discretion of Tetra Tech's executive management.

This guidance outlines measures to identity risk in the workplace, appropriate work practice control measures, work policies, continuity of business operations, and communication methods. While these general guidelines have been established, Tetra Tech may modify this guidance as needed based on current recommendations from public health authorities, Tetra Tech clients or specific business needs.

### **RESPONSIBILITIES**

### **Executive Management**

Tetra Tech Management has the overall responsibility for effective and appropriate response to pandemic or disease outbreak events, including assuring that necessary resources are provided and that line managers and employees are held accountable for their responsibilities under this guidance.



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### Line Management (Chief of Party, Program Managers)

Line Management is responsible to evaluate the current situation based on their detailed knowledge of the project, location and available resources.

Line Management is responsible for ensuring that all project personnel are aware of and abide by company and project specific guidelines.

Line Managers must also be familiar with signs and symptoms of disease infection and ensure that the appropriate work practices and guidelines have been addressed for operations and tasks conducted by the employees they manage.

### **Health and Safety**

Health and Safety personnel are responsible to provide overall direction for the health related components of this guidance at individual operating units. They will assure response effectiveness and act as a resource regarding health guidelines. Health and Safety may also consult with Tetra Tech's Medical Director or other medical resources regarding medical issues as appropriate.

### **Human Resources**

Human Resource personnel will be responsible to provide direction for workplace policies related to this guidance at individual operating units. They will also assure response effectiveness and act as a resource regarding these issues.

### **Employees**

Employees are responsible for performing their job duties in a manner that is compliant with guidance established. During infectious disease events, employees are encouraged to report relevant health symptoms to either their appropriate line manager or, if they prefer, to their Human Resources or Health and Safety contacts so that proper control methods can be implemented.

### RISK ASSESSMENT

The World Health Organization (WHO) has developed an interim guidance document that addresses the management of pandemic influenza events. As part of this guidance, WHO has identified pandemic phases that identify the continuum of pandemic disease in the context of preparedness, response and recovery. This guidance will be used to frame the company's risk based response to these types of events.



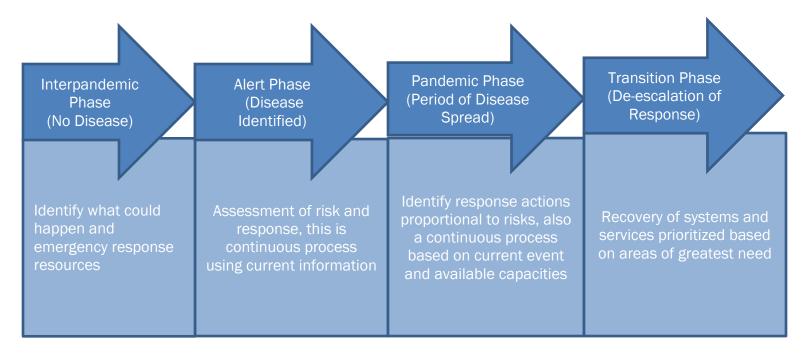
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The following figure identifies broad categories of risk assessment actions addressed at each phase:





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The US Centers for Disease Control (CDC) has adopted a classification system to address international travel when impacted by global health events. This system identifies levels of risk for the traveler and recommended preventive measures to take at each level. Established levels, definitions and with specific examples are listed below. Tetra Tech will rely on both the WHO and CDC guidance when responding to global health events.

| Notice<br>Level   | Traveler Action   | Risk to Traveler Outbreak/Event Example  |   |
|-------------------|---|--|---|
| Level 1:<br>Watch | Reminder to follow usual precautions for this destination | Usual baseline risk or slightly above baseline risk for destination and limited impact to the traveler | Dengue in Panama-Outbreak Watch: Because dengue is endemic to Panama, this notice most likely would signify that there is a slightly higher rate of dengue cases than predicted. Travelers are to follow "usual" insect precautions.  Olympics in London-Event Watch: There may be possible health conditions in London that could impact travelers during the Olympics, such as measles. Travelers are to follow usual health precautions making sure they are up to date on their measles vaccine, follow traffic safety laws and use sunscreen |
| Level 2:<br>Alert | Follow<br>enhanced<br>precautions for<br>this destination | Increased risk in<br>defined settings<br>or associated with<br>specific risk<br>factors                | Yellow Fever in Brazil-Outbreak Alert: Because an outbreak of yellow fever was found in areas of Brazil outside of the reported yellow fever risk areas, this would be a change in "usual" precautions. Travelers should follow "enhanced precautions" for that risk area by receiving the yellow fever vaccine.  |
| Level 3:          | Avoid all non-  | High risk to   | SARS in Asia-Outbreak Warning:  |



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| Notice<br>Level | Traveler Action                            | Risk to Traveler | Outbreak/Event Example  |
|-----------------|--|------------------|---|
| Warning         | essential travel<br>to this<br>destination | travelers        | Because SARS spread quickly and had a high case fatality rate; a warning notice signifies there was a high chance a traveler could be infected. Travelers should not travel if possible.  Earthquake in Haiti-Event Warning: The destination's infrastructure (sanitation, transportation, etc.) cannot support travelers at this time. |

Tetra Tech will also refer to US OSHA established various risk levels to address occupational exposure to infectious disease during a pandemic or disease outbreak event. These risk levels are based on the whether job assignments require close proximity to people potentially infected and whether they are required to have repeated or extended contact with known or suspected sources such as coworkers, the general public, outpatients, school children or other such individuals.

Typical work tasks conducted by Tetra Tech personnel are considered office employees with minimal occupational contact with the general public and other coworkers and present a low risk of exposure. The majority of Tetra Tech employees fall under this risk category. The intent and scope of this plan addresses this target population and associated risk level. Control measures for employees supporting contracts where the risk of exposure may be classified at higher designated levels will be evaluated and addressed on a case by case basis.

In these cases, Tetra Tech's Medical Director or other medical resources will be consulted to provide additional prevention measures that may include medical screening including the use of antiviral agents for prophylaxis or treatment of infection if available.



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### WORK PRACTICE CONTROLS

Work practice controls are procedures that will reduce the duration, frequency or intensity of exposure. The following work practice controls shall be implemented at Tetra Tech work locations during pandemic flu or other infectious disease events:

- Provide resources to promote good personal hygiene. This includes tissues, hand soap, hand sanitizers, surgical masks, disinfectants and disposable towels so that employees can clean work surfaces.
- Communicate risk factors, signs and symptoms of illness and proper infection control behavior. Information specific to current health events will be developed and distributed to affected employees as needed.
- Employees with signs and symptoms of disease infection should remain at home until at least 24 hours after they are free of fever (100°F or greater) without the use of fever reducing medications.
- Employees are encouraged to report signs and symptoms of infection to either their immediate supervisor or Human Resources or Health and Safety personnel.
- Sick employees may be asked to go home. Employees who appear to have symptoms upon arrival or become ill during the day should be promptly separated from other workers and advised to go home. When possible and if tolerated, employees with illness symptoms should be given a surgical mask to wear before they go home if they cannot be placed in an area away from others.



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Employees exposed to a sick co-worker or who care for sick family members can report to work. However these employees should monitor their health every day. Before coming to work, employees should ask themselves:

- Do I have a fever?
- Do I have a sore throat?
- Am I coughing?
- Do my muscles ache?
- Do I feel ill?

If yes is answered to any of the above, employees should stay at home, notify their supervisor and seek medical guidance.

Employees who become ill and are at increased risk of complications from infectious diseases should call their health care provider for medical advice.

Encourage vaccinations if they are available.

In the event of health events with severe outcomes, Tetra Tech may elect to activate additional work practice control measures such as:

- Proactive screening of employee's health;
- Increase the number of days an employee may be required to stay at home when ill;
- Apply social distancing measures;
- Consider alternative work environments for employees at higher risk for complications of infection;
- Require travel approval to areas of high risk; and
- Restrict employee business travel to affected areas.

### **HUMAN RESOURCES POLICIES AND PROCEDURES**

Impacted operating units shall maintain a current roster of affected employees, dependent names if applicable, current location, contact information and emergency contact information.

Notifications of potential exposure events will be sent by Human Resources to all affected employees when probable exposure events occur. At all times the confidentiality of the ill employee will be protected to the degree practical.



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Tetra Tech's standard sick leave and disability policies will apply in these events. Tetra Tech reserves the right to modify these policies as necessary to be consistent with public health guidance. As an example, a doctor's note may not be required to return to work as doctor's offices and medical facilities may be overcrowded. Human Resources is responsible for identifying legally mandated actions that are required in regard to regulations that may apply to the general workforce, US examples - the Family and Medical Leave Act, the Americans with Disabilities Act, etc.

The Tetra Tech Employee Assistance Program is available to all benefits eligible personnel. Human Resources will encourage employees to utilize these services to manage additional stressors related to the pandemic or other similar events. These are likely to include distress related to personal and family illness, life disruption, loss of routine support systems and similar challenges.

### CONTINUITY OF BUSINESS OPERATIONS

Managers responsible for an office or project should plan for continuity of operations if there is significant absenteeism from sick workers. Contingency plans must be put in place to ensure that client-related work and deliverables are not impacted by employee absenteeism. Plans must be developed to notify key contacts including both customers and suppliers in the event an outbreak has impacted the company's ability to perform contracted services. All employees are responsible for notifying their immediate supervisor or office manager if project work will be affected during their absence. These plans may include:

- Identify essential business functions;
- Cross train employees in essential business functions;
- Establish flexible worksites and work hours, telecommuting, staggered shifts;
- Enhance where possible communications and IT technology as needed to support employee telecommuting;
- Identify sources of replacement employees; and
- Identify critical elements within supply chains as applicable.

In the event the severity of a heath event escalates and key business operations are impacted, Tetra Tech may elect to activate its Business Continuity Plan (BCP) to maintain enterprise essential business functions. The decision to activate the BCP will be at the discretion of Tetra Tech's executive management. Tetra Tech's BCP is reviewed with key personnel and includes periodic testing of emergency communications procedures during table-top exercises.



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### **COMMUNICATION METHODS**

Tetra Tech has established several methods of communication to ensure that timely information is received and communicated as appropriate.

Tetra Tech has partnered with several resources such as International SOS to provide real time medical updates and alerts. Employees can elect to directly receive these alerts via their email address. The International Assistance wallet card lists the contact information needed to access these resources.

Up to date disease guidance and illness information and training material are available on the ISOS website and can be accessed using the Tetra Tech member number 11BCMA000238. Depending on current events and circumstances, information may also be posted on the My.TetraTech main landing page or included in the Health and Safety portion of the site.

For US based employees, Tetra Tech has partnered with the National Safety Council and participates in a real time health alert system that is directly linked to the US Centers for Disease Control. These alerts are distributed as applicable to H&S staff for publication or response.

Tetra Tech also relies on our medical surveillance provider to provide periodic updates and medical guidance on specific health care issues.

Employees will be provided information regarding the relevant components of this guidance, as well as local instructions through various methods such as safety meetings, newsletters, posters, and employee training, etc. Information and training will include illness prevention topics, how to avoid the spread of disease, and company policies concerning illness.

Email communication is the most direct method to reach the majority of Tetra Tech employees and will be utilized in the event critical information must be distributed. Tetra Tech has the ability to send All Tetra Tech or all unit email notifications. Tetra Tech also has the ability to send SMS text messages to traveling employees that may be at risk. Line managers are responsible for having alternative means of communications available to them in order to communicate with employees who do not readily have access to these systems.



### COVID-19 RETURN TO OFFICE (RTO) AND SELF-SCREENING CHECKLIST/ACKNOWLEDGMENT

For your safety and the safety of your coworkers, this RTO checklist and acknowledgment has been developed to communicate employee obligations upon return to office or project work. This checklist must be reviewed and acknowledged by all staff before returning to the office or project work. If you have concerns or questions, please contact your Health & Safety (H&S) and Human Resources (HR) Representatives.

|     | ACTION  | DETAILS  |
|-----|---|--|
| 1.  | You are requested to conduct daily temperature checks and symptom assessment prior to coming to the office. If you are sick, <u>stay home</u> until symptoms have resolved and it has been at least 10 days since symptoms appeared. Report any absence to your Supervisor. If you are experiencing any of the following symptoms: fever (100.4+ or 38 C), dry cough, sore throat, headache, shortness of breath, pressure in chest, chills, body aches, loss of taste or smell or gastrointestinal problems, seek immediate medical attention. | There are <u>NO EXCEPTIONS</u> to this rule. You must stay home if you are sick. Review the Self-Temperature Check guidance provided below. Any reports of illness should be reported by your Supervisor/PM to HR and H&S immediately. Do not share names of ill employees with anyone, except HR and H&S. Medical Information must be treated confidentially. |
| 2.  | If you have had exposure to a person diagnosed or showing symptoms of COVID-19, <b>stay home</b> and make the appropriate notifications. Instruction for returning to the office or project work will be provided by your supervisor and/or H&S.  | You must stay home if you have had exposure to a person diagnosed or showing symptoms of COVID-19. Any reports of employee exposures should be reported by the Supervisor/PM to HR and H&S.  |
| 3.  | If you must cough or sneeze, do so into a tissue (dispose immediately into a waste can) or shirt sleeve and immediately wash your hands with soap and water (preferred) or use hand sanitizer.  | Public health guidelines indicate that the primary means of spreading COVID-19 is the inhalation or contact (mouth, nose, eyes) with respiratory droplets from a cough or sneeze.  |
| 4.  | Wash your hands <b>before</b> returning to your work area, drinking or eating food, when entering break rooms or production rooms, using common area equipment and <b>after</b> using the restroom.   | Public health guidelines strongly encourage diligence in handwashing as a chief means of slowing the spread of COVID-19. Maintain vigilance.   |
| 5.  | Refrain from touching your face, mouth, nose, or rubbing your eyes. These are primary routes of COVID-19 infection.   | Public health guidelines indicate that touching your face, nose, and mouth with hands that are not washed or sanitized may lead to COVID-19 infection.   |
| 6.  | Maintain social distancing (at least 6 feet or 2 meters) and, when possible, avoid gathering in groups. Use IM, phone or Teams instead.   | Public health guidelines require maintaining a 6-foot or 2-meter distance from others. Avoid physical contact and large gatherings.  |
| 7.  | Always wear a face covering when in common areas, such as hallways, lobby, break room, and restrooms. You are not required to wear your face covering while in your private office or when in your cubicle, as long as cubicle social distancing is adequate or is designed with protective walls. Face coverings are to be washed routinely and appear clean.  | Public health guidance states that face coverings may help stop the spread, but caution that social distancing, respiratory etiquette and regular handwashing with soap and water offer greater protection. Use of a face covering should not replace the practice of social distancing.   |
| 8.  | Regularly clean equipment assigned to you. Allow to air dry for maximum effectiveness. Do not share your equipment.   | This applies to computers, phones, tablets, cellphones and other work equipment.   |
| 9.  | Regularly clean your personal work surfaces and high-contact surfaces. Allow to air dry for maximum effectiveness.  | Public health guidance states that although surface contact is a less likely means of spreading COVID-19 infection, regular disinfection of work surfaces (desks/tables) and high-contact areas (e.g., doorknobs) may help minimize transmission.  |
| 10. | If applicable, keep interior office doors open to increase ventilation; however, be courteous before entering an occupied office. Wait to be invited in or clarify your purpose in advance of entry.  | For indoor office work, public health agency guidelines indicate that increased air circulation reduces the likelihood of infection and transmission of COVID-19.  |

### **SELF-TEMPERATURE CHECK GUIDANCE**

Employees are requested to perform daily self-temperature checks. Regardless of your temperature, if you are not feeling well or have any symptoms of COVID-19, including mild cold symptoms, you should not come to work.

### Per the US Centers for Disease Control, before you take your temperature:

- 1. Wait 30 minutes after eating, drinking, or exercising.
- 2. Wait at least 6 hours after taking medicines that can lower your temperature such as acetaminophen, paracetamol, ibuprofen or aspirin.
  - Temperature readings below 99°F / 37.2°C with no symptoms: you may go to the office.
  - **Temperature readings at or above 100.4°F / 38.0°C:** do not come to the office and let your Supervisor and HR Representative know. Even if you have no other symptoms, seek medical attention as appropriate.
  - Temperature readings between 99°F / 37.2°C and 100.3°F / 37.9°C with no symptoms: wait 60 minutes and retake your temperature at home.
- 3. Process for retaking your temperature:
  - If your second temperature reading is less than 99.0°F / 37.2°C, and you have no symptoms, you may go to the office.
  - If your second temperature reading is higher than your first check, you cannot come to the office.
  - If your second temperature reading is the same as the first, wait another hour and retake your temperature.
  - If your third temperature check is less than 99.0°F / 37.2°C, you may go to the office.
  - If your third temperature check is the same or elevated, you cannot come to the office.

### **ACKNOWLEDGMENT**

I have been informed of the COVID-19 office guidelines addressed above and associated office RTO procedures and acknowledge my understanding of these expectations. My signature below and/or presence in the office serves as my agreement to abide by these guidelines and affirmation that I will not come to the office when experiencing any signs or symptoms of illness or after having potentially been exposed to an individual diagnosed with or showing symptoms of COVID-19. If any circumstances change after the date of my signature below, I will immediately notify my Supervisor and refrain from returning to the office until I receive further instructions.

| EMPLOYEE NAME (PRINTED) | EMPLOYEE SIGNATURE | DATE |
|-------------------------|--------------------|------|
|                         |                    |      |



Tetra Tech COVID-19 guidance for employees is posted on the <u>COVID-19 Health & Safety Information and Guidance</u> page on the My Tetra Tech intranet. This document provides additional internal guidance on the role and coordinated actions of Operations Leadership, Supervisors, Human Resources (HR), and Health & Safety (H&S) when staff reports community-related exposure cases, potential workplace close contact exposures, or positive COVID-19 cases that may affect others in the office or at the project site. In all cases, close coordination with H&S, HR, and the locally appointed lead for the impacted location is critical. In cases where the employee is in the field, the Project Manager or point of contact for the client must be notified.

### Response Actions to COVID-19 Reports at the Worksite

### 1.0 Employee Instructions

Upon reports of either close contact events or positive cases of COVID-19, the Supervisor shall instruct the employee to go home, stay away from others, and await further direction. The Supervisor must then contact the local Operations Lead, HR, and H&S representatives. The Supervisor also will coordinate with the local office lead to restrict access to the employee's work area until proper cleaning and disinfection can be completed.

Employees should be directed to contact their personal physician for reported non-work-related cases or close contact events. The Supervisor or H&S can engage one of Tetra Tech's third-party medical triage providers (CORE or ISOS) to provide employee consult for work-related events. Operating Units (OUs) are responsible for costs related to managing the COVID-19 responses if CORE or ISOS programs are activated.

In consultation with the employee's supervisor, HR, and H&S, a target return to work date will be identified and communicated (Section 2 Return to Worksite Guidance). HR will evaluate eligibility for COVID-19-related benefits that may include COVID-19-related leave, company sick leave, state-mandated leave, workers compensation, or supplemental sick leave.

The employee will also be instructed to follow one of these options:

- Work from home during quarantine or isolation
- Receive additional paid time-off benefits as applicable
- Take Time Off With Pay (TOWP) during quarantine or isolation (if the employee cannot work from home)
- Take time off without pay during quarantine or isolation



### 2.0 Return-to-Worksite Guidance

In cases where employees must quarantine or isolate due to close contact events or illness, the following protocols provide return-to-worksite guidance.

### Time-based Return to Worksite: Standard Protocol (Appendix A)

Appendix A details Tetra Tech's standard return-to-worksite protocol after COVID-19 close contact events that impact the worksite or confirmed COVID-19 cases. Note, any client or local public health agency return-to-worksite protocols take precedence. In the absence of these requirements, a time-based strategy as presented by the U.S. Centers for Disease Control (CDC) will be followed.

### Test-based Return to Worksite: Discretionary Protocol (Appendix B)

Appendix B details the COVID-19 test-based return-to-worksite strategy that can be used as an alternative approach with local Operations Leadership approval. HR or H&S will work with local leadership to present a test-based return-to-worksite strategy as a personal option if one is viable. For this option, test expenses and time waiting for results are the responsibility of the employee. Note, any client or local public health agency return-to-worksite protocols take precedence.

Employees are to remain at home while waiting for test results. If the employee returns to the worksite prior to 14 days from their last exposure or date of positive test result, they must wear a face covering at all times while in the workplace and perform regular disinfection of their workstation until 14 days have passed.

If the employee who self-reported COVID-19 like symptoms meets all test-based return-to-worksite criteria before 10 days have passed, then close contact-defined staff who remain asymptomatic can discontinue quarantine and return to the workplace.

Fully vaccinated employees with an exposure to someone with suspected or confirmed COVID-19 are not required to quarantine if they meet all the following criteria:

- Are fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)
- Are within 3 months following receipt of the last dose in the series
- Have remained asymptomatic since the current COVID-19 exposure



HR will request a letter from the employee that attests to meeting vaccination return-to-worksite protocol. Note, any client or local public health agency vaccination return-to-worksite protocols take precedence. Employees who do not meet all 3 of the above criteria should continue to follow current quarantine return-to-worksite guidance after exposure to someone with suspected or confirmed COVID-19.

### 3.0 Cleaning and Disinfection

The local Operations Leader, H&S, or office H&S administrators will confirm access has been restricted to the impacted area and arrange for work area disinfection. Depending on the office, they may need to work with Building Management personnel. Follow office cleaning and disinfection guidelines included in our COVID-19 Office Cleaning and Disinfection Guidance.

### 4.0 Investigation and Reporting

HR Representatives must report the case in the COVID-19 Tetra Linx app immediately and update as needed.

The Office Leader, H&S, or HR begins an investigation using the <u>COVID-19 Event Documentation</u> <u>Form.</u> The completed form remains with HR, if the close contact or positive COVID-19 case is not work related.

If the close contact or positive COVID-19 case is determined to be work-related, HR and H&S will work with the local designee to begin an investigation using COVID-19 Event Documentation Form and the H&S COVID-19 Investigation Supplement Form and report the event in TOTAL. Both completed forms will be uploaded into the event report in TOTAL.

HR and H&S are to determine any additional actions and coordinate with the local designee (e.g., client, other mandatory public health reporting or offering COVID-19 testing if required).

For work-related cases of COVID-19, the OU is to report a claim to appropriate Tetra Tech Workers Compensation (WC) provider. HR, H&S, or OU WC contacts are to communicate medical treatment locations where Tetra Tech can direct employee care if applicable. In these cases, return to work will be managed by WC treating physician.

The Company will determine if the case meets the enterprise illness reporting and recordability standard and should be included in Tetra Tech Reported Injury and Illness Metrics.



### 5.0 Notifications

If the employee with suspected or confirmed COVID-19 was at the worksite during their infectious period, the local Operations Lead, HR, or H&S is to provide notice to any individual(s) who have met the definition of close contact with the employee.

If the employee may have interacted with client workers, the client may need to be informed. H&S and HR will coordinate with the Project Manager assigned to the client.

The local Operations Lead, HR, or H&S will provide general notice to others in the work location who may have heard about the event and be concerned for their health. HR will use the COVID-19 Notification Template for this purpose.

If HR or H&S receives test information that is confirmed positive, HR and H&S are to determine any additional actions and coordinate with the local designee (e.g., client, other mandatory public health reporting or testing requirements, benefits). Notification to the operations or project designee will be made.

Corporate HR and H&S are to be notified when a Tetra Tech worksite identifies multiple work related COVID-19 cases. This is defined as three or more COVID-19 cases in the workplace within a 14-day period or when the workplace is identified by a local health department as the location of a COVID-19 outbreak.

Multiple work-related COVID-19 reported cases must epidemiologically-linked in the workplace, are from different households, and are not identified as close contacts of each other in any other case investigation. This includes employees with identifiable connections to each other such as sharing a defined physical space e.g. in an office, facility section or work-related gathering, indicating a higher likelihood of linked spread of disease than sporadic community incidence.

### 6.0 Travel Guidance

Traveling during the COVID-19 pandemic can lead to exposure to COVID-19. Many people who have the virus do not have symptoms (asymptomatic) but can be contagious and spread the virus to others. Thus, those who have traveled may pose a risk to others for 14 days after potential exposure to the virus. Follow national or regional health orders as applicable. The Company reserves the right to require staff to quarantine from home or opt for a return-to-worksite test-based strategy as detailed in Appendix B.



### **Appendices**

Appendix A: Time-based Return-to-Worksite Standard Protocol

Appendix B: Test-based Return-to-Worksite Discretionary Protocol

### **Definitions**

Asymptomatic – Not showing any symptoms (signs of disease or illness). Some individuals without any symptoms have and can spread COVID-19.

Symptomatic – When a person shows signs of illness. The most common symptoms of COVID-19 infection <u>include</u> cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell.

Suspect Case – Someone who exhibits symptoms of COVID-19 infection but is not yet confirmed positive through testing.

Positive Case - Someone tested and confirmed to have COVID-19.

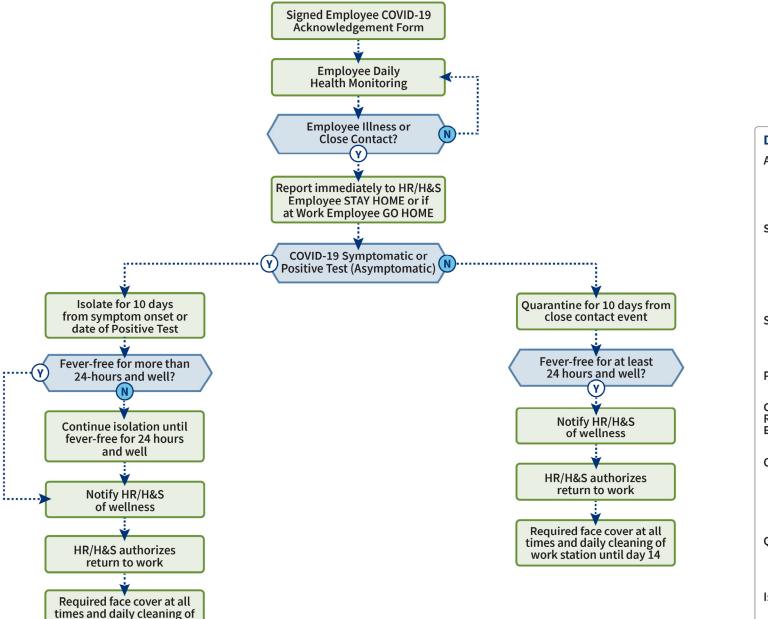
Community-related Exposure – The spread of an illness within a particular location or event that is not associated with the work environment.

Close Contact – Someone who was within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset or 2 days prior to positive test. This definition applies regardless if a face covering is worn or the close contact event occurred outdoors.

Quarantine – The separation and movement restriction of people who were exposed to a contagious disease to see if they become sick.

Isolation – The separation of people who have a contagious disease from people who are not sick.

### **Appendix A: Time-based Return-to-Worksite Standard Protocol**



work station until day 14

#### **Definitions**

**Asymptomatic** Not showing any symptoms

(signs of disease or illness). Some individuals without any symptoms still have and can spread the coronavirus.

When a person shows signs of **Symptomatic** 

illness. The most common symptoms of Covid-19 include: cough, shortness of breath or difficulty breathing, fever, chills, muscle pain, sore throat, and new loss of taste or smell.

Someone that exhibits

**Suspect Case** symptoms of COVID-19

infection but not yet confirmed

positive through testing.

**Positive Case** Someone tested and confirmed

to have COVID-19.

Community Related Exposure

The spread of illness within a particular location or event that is not associated with the work

environment.

Someone who was within 6 feet Close Contact

of an infected person for a total of 15 minutes or more over a 24 hour period starting from 2 days before illness onset or 2 days prior to positive test.

Quarantine The separation and movement

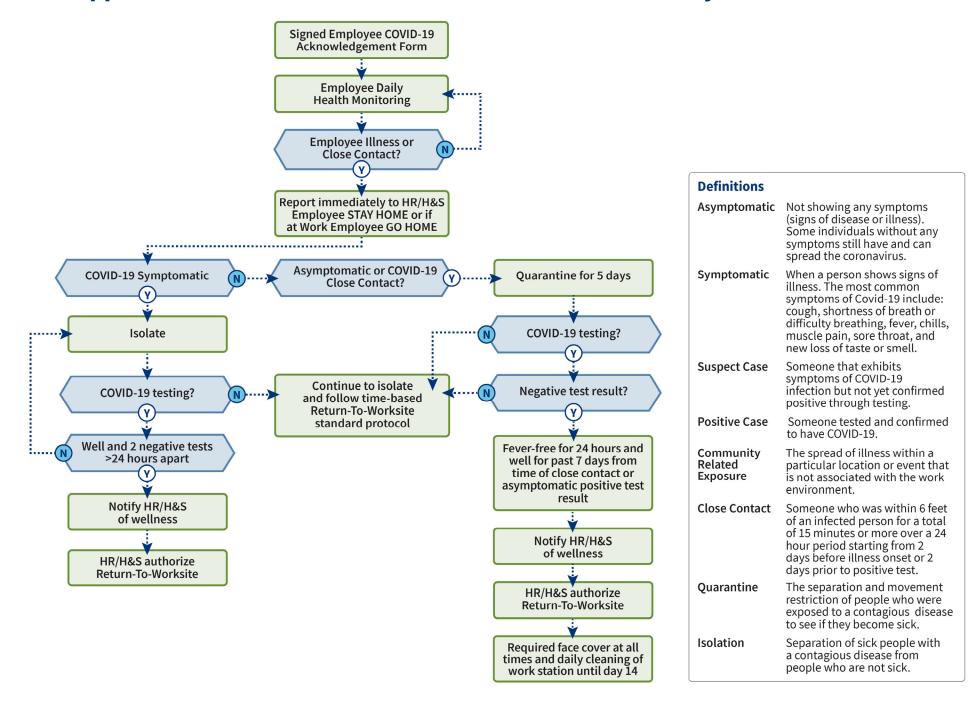
restriction of people who were exposed to a contagious disease

to see if they become sick.

Separation of sick people with Isolation

a contagious disease from people who are not sick.

### **Appendix B: Test-based Return-To-Worksite Discretionary Protocol**





| LOCATION:          |  |
|--------------------|--|
| OPERATING UNIT:    |  |
| OF LINATING CIVIT. |  |

### **DOCUMENTING COVID-19 INCIDENT IN A TETRA TECH WORK ENVIRONMENT:**

Below is a list of items for investigation purposes, data recording and collection when employees who have been in Tetra Tech offices or project sites notify the company that they have tested positive for COVID-19 or have had close contact with someone who tested positive for COVID-19. Close contact is defined as anyone who was within 6 feet of an infected person for at least 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or, for asymptomatic patients, 2 days prior to test specimen collection) until the time the patient was isolated. **Complete this form and provide signed form and supporting documentation for the listed items to Human Resources**.

|     | ITEM  | RESPONSE                   |
|-----|---|----------------------------|
| 1.  | Employee Name   |                            |
| 2.  | Date of test result/confirmation of COVID-19 positive or occurrence of "close contact"  |                            |
| 3.  | If applicable, note the date symptoms first occurred  |                            |
| 4.  | Date employee was last in the office or project site  |                            |
| 5.  | Date the employee was instructed of any office or project work restrictions   |                            |
| 6.  | Provide listing of specific work areas visited by employee starting from 48 hours before either the date of last visit, the date when close contact occurred or if applicable when symptoms were first noted.   | Complete on page 2         |
| 7.  | Provide listing of employees, visitors or subcontractors that were contacted because they were in close proximity or came into close contact with the reporting employee starting from 48 hours before the employee had close contact with a positive COVID-19 person, or began feeling sick, until the time the employee was removed from the workplace. | Complete on page 2         |
| 8.  | Note actions taken to disinfect work area:  1. Date office/work area closed 2. Date of disinfection 3. List cleaning method 4. Describe work area cleaned 5. Name of cleaning service provider, if used or if client or building management is responsible for disinfecting work area   | 1.<br>2.<br>3.<br>4.<br>5. |
| 9.  | Date office or specified work area reopened   |                            |
| 10. | Date reporting employee was cleared for return to office or project site and H&S basis for clearance: Testing Protocol? Symptom-free period protocol?   |                            |

| Did Area Need Disinfection (Yes/No) | Date Area<br>Disinfected |
|-------------------------------------|--------------------------|
|                                     |                          |
|                                     |                          |
|                                     |                          |
|                                     |                          |
|                                     |                          |
|                                     |                          |
|                                     | Disinfection             |

Listing of individuals to contact because they were in close proximity or came into close contact with the reporting employee. (If any listed employees report a COVID-19 positive test result, complete a separate form for this employee's report).

| Affected Individual Name | Date Contacted | Actions Directed for<br>Affected Individual | If listed employee reported COVID-19 positive, record date of test result/confirmation |
|--------------------------|----------------|---|--|
|                          |                |   |  |
|                          |                |   |  |
|                          |                |   |  |
|                          |                |   |  |
|                          |                |   |  |
|                          |                |   |  |
|                          |                |   |  |
|                          |                |   |  |
|                          |                |   |  |

| EMPLOYEE COMPLETING THIS FORM (PRINTED) | EMPLOYEE SIGNATURE | DATE |
|---|--------------------|------|
|   |                    |      |



| <br>LUCATION:                |
|------------------------------|
| <br>TOTAL Report Number:     |
| HR TETRA LINX Report Number: |

LOCATION

### SUSPECTED WORK-RELATED COVID-19 INVESTIGATION SUPPLEMENT FORM

**Instructions:** H&S Representatives (HSR) in collaboration with Human Resources (HR) or their designee are to investigate suspected work related **positive COVID-19** cases or when staff reports **close contact\* with someone who tested positive for COVID-19** either in a Tetra Tech office or project location. It is the responsibility of the Operating Unit HSR and HR to also collaborate with Operations management and Tetra Tech medical to determine the appropriate response and corrective actions.

In accordance with Tetra Tech's Incident Reporting and Investigation Program, work related illnesses are to be logged in TOTAL where detailed event information will be collected. The purpose of this document is to offer additional investigation guidance specific to potential work related COVID-19 events. This form is to be used in conjunction with the COVID-19 Post Document Report. TOTAL is designed to maintain employee confidentiality, any work related positive COVID-19 case will be marked as a privacy case on company injury and illness summary records. A separate TOTAL report for each affected individual must be entered into the system.

The completed Suspected Work Related COVID-19 Investigation Supplement Form must be uploaded and attached to each TOTAL event report.

When entering COVID-19 investigation events in TOTAL, select injury/illness for suspected work related positive COVID 19 cases and the near miss classification for close contact events.

\*Close contact is defined as anyone who was within 6 feet of an infected person for a total of 15 minutes or more over a 24-hour period starting from 2 days before illness onset (or for asymptomatic workers, 2 days prior to positive test specimen collection) until the time the infected person was isolated. This definition applies regardless if a face covering is worn or if the close contact occurred outdoors.

| Affected Individual Health Status               |                                    |  |
|---|------------------------------------|--|
| Name:   | Unit, Office or Project:           |  |
|   |                                    |  |
| What is the current status of the affected      | ☐ Lab Confirmed Case               |  |
| individual?                                     | ☐ Close Contact Case               |  |
| If the employee has not yet been tested, have   | ☐ Yes ☐ No ☐ Unknown               |  |
| steps been taken to be tested?                  |                                    |  |
| Is Tetra Tech required by either local public   | ☐ Yes ☐ No                         |  |
| health agency and/or the client to provide      |                                    |  |
| COVID-19 testing for work related close contact | If yes, note testing arrangements: |  |
| or outbreak events?                             |                                    |  |
| Date of reported positive COVID-19 test or      |                                    |  |
| "close contact" event.                          |                                    |  |

| What is the current health status of the affected individual?  | <ul><li>□ Symptomatic</li><li>□ Asymptomatic</li></ul>  |  |
|--|---|--|
|  | ☐ Unknown   |  |
| Did the affected individual monitor their temperature every day prior to coming to work?   | ☐ Yes ☐ No ☐ Unknown  |  |
| Did the affected individual start to feel ill while at work?   | ☐ Yes ☐ No ☐ Unknown ☐ NA  If yes, did the individual properly report symptoms and immediately get sent home?  If no, explain what occurred:  |  |
| Where is the affected individual currently?  | <ul><li>□ Isolation/Quarantine at home</li><li>□ Isolation/Quarantine outside the home</li><li>□ Other:</li></ul>   |  |
|  | Exposure  |  |
| Was the affected individual in close contact with a person showing symptoms of illness?  | ☐ Yes ☐ No ☐ Unknown  |  |
| Did the affected individual travel via public transportation (plane, train, bus, etc.) either domestically or internationally within the last 14 days? | <ul> <li>☐ Yes ☐ No</li> <li>If yes, select type of travel:</li> <li>☐ Personal Travel ☐ Work-Related Travel</li> <li>Location and Dates of Travel:</li> </ul>  |  |
| If yes, was a self-quarantine order required upon arriving or returning from travel?   | <ul> <li>☐ Yes</li> <li>☐ No</li> <li>If yes, select which leg of travel:</li> <li>☐ Upon Arrival to Destination</li> <li>☐ Upon Return to Domicile</li> <li>Provide Details of Self Quarantine Health Order(s):</li> </ul> |  |
| If yes, did the affected individual comply with the self-quarantine order(s)?  | □ Yes □ No  |  |
| List other places outside of work where the affected individual may have been exposed, include community or home-based exposures.                      |   |  |

| Is the location where the exposure occurred experiencing high rates of community transmission?  | □ Yes □ No   |
|---|--|
| Work  | c Environment  |
| Did the affected individual review and sign the Tetra Tech Return to Office acknowledgement prior to this incident?   | ☐ Yes ☐ No ☐ Unknown   |
| Were protective measures for COVID-19 in place in or at the work site?  | ☐ Yes ☐ No ☐ Unknown If yes, describe:   |
| Did the affected individual receive training or materials covering the COVID-19 work site requirements?   | ☐ Yes ☐ No ☐ Unknown If yes, provide date:   |
| Was the affected individual following face cover requirements put in place for the work environment?  | ☐ Yes ☐ No ☐ Unknown  If no, please describe why the affected individual was not wearing the required face cover while at that location. |
| Were others in the work environment following face cover requirements put in place for the work environment?  | ☐ Yes ☐ No ☐ Unknown  If no, please describe why others were not wearing the required face cover at that location.                       |
| Confirm the Post Documentation Report has been completed by HR or their designee to:    Identify and notify other individuals the affected individual may have contacted in the work environment.    Identify locations where the individual visited in the work environment.    Identify work area/equipment to be disinfected and cleaning method employed. | Review and upload completed Post Event Documentation Report onto TOTAL   |
| alsimeeted and cleaning method employed.  |  |

| How long and what timeframes was the affected         |                     |               |              |
|---|---------------------|---------------|--------------|
| individual in a Tetra Tech work environment?          | Location            | Date          | Time Present |
| Starting from 48 hours before either the date of      |                     |               | From:        |
| last visit, the date when close contact occurred      |                     |               | Until:       |
| or if applicable, when symptoms were first            |                     |               | From:        |
| noted.  |                     |               | Until:       |
|   |                     |               | From:        |
|   |                     |               | Until:       |
|   |                     |               | From:        |
|   |                     |               | Until:       |
|   |                     |               | From:        |
|   |                     |               | Until:       |
|   |                     |               | _            |
| If available, use site plan to trace the individual's | Upload into TOTA    | <u> </u>      |              |
| path of travel and activity within the work           | Opioad into TOTA    | L             |              |
| environment.  |                     |               |              |
| CHVII OHITICHE.                                       |                     |               |              |
| No  | otifications        |               |              |
| If a confirmed COVID-19 case is potentially work      | Date Called:        |               |              |
| related, check with local public health authority     | Person Providing I  | Notification: |              |
| to determine if notification is required. If          | Public Health Cont  |               |              |
| required, provide who received the case               | Public Health Instr | ructions:     |              |
| notification and the date.                            |                     |               |              |
|   |                     |               |              |
|   | □ NA                |               |              |
|   |                     |               |              |
|   |                     |               |              |
| Has the affected individual been contacted by         | ☐ Yes ☐ No          |               |              |
| local public health authorities?                      | If yes, Date:       |               |              |
| If yes, was company contact information               | ☐ Yes ☐ No          |               |              |
| provided to public health authorities?                |                     |               |              |
| Has general notice been given to others in the        | □ Yes □ No          |               |              |
| work location that have likely heard about the        | Date:               |               |              |
| event and may be concerned for their health?          |                     |               |              |
| If the suspected exposure occurred on a project       | □ Yes □ No          | □ Unknown     |              |
| site, has the PM been notified?                       | PM Name:            |               |              |
|   | Date:               |               |              |
| If the exposure occurred on a project site, has       | □ Yes □ No          | □ Unknown     |              |
| the client primary contact been notified?             | Client Contact Nar  | ne:           |              |
|   | Date:               |               |              |
|   | i                   |               |              |

| Return-to-Worksite   |   |  |  |
|--|---|--|--|
| Confirm with local public health authorities if Public Health Clearance is required for return to work.  | ☐ Yes ☐ No Public Health Instructions:  |  |  |
| Are there any client or location specific Return-<br>to-worksite protocols in place for close contact<br>or positive asymptomatic cases?   | ☐ Yes ☐ No ☐ NA Client or Location Required Instructions:   |  |  |
| Return-to-worksite protocol for COVID-19 close contact or asymptomatic cases Individuals that have been potentially exposed to a positive COVID-19 (close contact case) or positive asymptomatic cases can return to work after 10 days without testing and if no symptoms have been reported during daily monitoring during this time.  | Client and/or Local Public Health Return to Work Protocols take precedence. In the absence of these requirements, the enterprise protocol must be followed. Any deviations from this protocol must be approved by Corporate H&S and HR.  If the employee returns to the worksite prior to 14 days from their last exposure or date of positive test result, they must wear a face covering at all times while in the workplace and perform regular disinfection of their workstation until 14 days have passed. |  |  |
| Are there any client or location specific return-<br>to-worksite protocols in place for positive<br>symptomatic COVID-19 cases?  | ☐ Yes ☐ No ☐ NA Client or Location Required Instructions:   |  |  |
| Return-to-worksite protocol for COVID-19 positive symptomatic cases Note the affected individual will not be allowed to return to work until all three of these elements are satisfied.  • No fever for at least 24 hours without the use of medicine that reduces fevers, and  • Other symptoms, coughing and shortness of breath have improved and  • At least 10 days have passed since symptoms first appeared | Client and/or Local Public Health Return to Work Protocols take precedence. In the absence of these requirements, the enterprise protocol must be followed. Any deviations from this protocol must be approved by Corporate H&S and HR.  If the employee returns to the worksite prior to 14 days from their last exposure or date of positive test result, they must wear a face covering at all times while in the workplace and perform regular disinfection of their workstation until 14 days have passed. |  |  |

| Return-to-worksite protocol for fully vaccinated employees  A fully vaccinated employee with an exposure to someone with suspected or confirmed COVID-19 case will not be required to quarantine if all the following criteria are met:  • Fully vaccinated (i.e., ≥2 weeks following receipt of the second dose in a 2-dose series, or ≥2 weeks following receipt of one dose of a single-dose vaccine)  • Within 3 months following receipt of the last dose in the series  • Have remained asymptomatic since the current COVID-19 exposure | Client and/or Local Public Health Return to Work Protocols take precedence. In the absence of these requirements, the enterprise protocol must be followed. Any deviations from this protocol must be approved by Corporate H&S and HR.  HR to request a letter from the employee that attests to meeting vaccination RTW protocol. |
|--|---|
| Additional Return-to-worksite options listed in  | Tetra Tech COVID-19 Workplace Response Guidelines   |
| Date the affected individual was advised on plan to return to the worksite   |   |
| Is the affected individual returning to work in a Tetra Tech office, on a client / contractor / project site, or telework?   | <ul> <li>□ Tetra Tech office: specify location and operating unit:</li> <li>□ Client / Contractor / Project site: specify project number, Client / Contractor name</li> <li>□ Telework</li> </ul>   |
|  | □ Telework  |

| HSR COMPLETING THIS FORM (PRINTED) | SIGNATURE | DATE |
|------------------------------------|-----------|------|
|                                    |           |      |